

MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

**JULIA F. SOLLENBERGER,
AHIP, FMLA**

Interview conducted by Rick B. Forsman, FMLA

December 5, 2017

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Table of Contents

Consent Form	iii
Photograph	iv
Biographical Statement	v
Childhood and Education	1
Choice of Career and Library School	2
National Library of Medicine Associate Program	5
NLM Catalog Retrospective Conversion Project	5
Move to University of Rochester Medical Center	7
IAIMS Planning Grant	9
Rochester Regional Library Council	10
Web Services and Student Computing Support	11
Professional Involvement	15
MLA Chapter Council and Board of Directors	17
Janet Doe Lecture	20
Contributions to AAHSL	24
Impact of NLM	26
Rochester Study	28
Value Study	29
Career Influences	33
Index	37
Curriculum Vitae	40

Consent Form for Oral History Interview (2002 version)

This confirms my understanding and agreement with the Medical Library Association (MLA) concerning my participation in an oral history interview as a part of MLA's Oral History Program.

1. I agree to be interviewed by Rick B. Forsman
on December 5, 2017. I understand
that my interview will be recorded and that a transcript and edited version of my interview
will later be created.

I understand that I will be given an opportunity to review and edit the edited transcript before
its release.

2. I hereby grant and assign all right, title, and interest to any and all recordings and
transcripts of my interview including copyright [and all rights subsumed thereunder] to
MLA. I will be given a copy of the edited transcript for my personal use. I understand that the
transfer of these rights to MLA confers no obligations on MLA to promote, market, or
otherwise make publicly available copies of the interview.

3. One or more edited and/or condensed versions of the interview, approved by me, may be
disseminated by MLA, as it deems appropriate.

4. I understand that the original, unedited recording of my interview and the original unedited
transcript will be maintained in the MLA archives at the National Library of Medicine, or at
such other place as MLA may reasonably designate, and may be made available to
researchers who have demonstrated that they have appropriate qualifications. I further
understand that the original unedited recording and/or the original unedited transcript will be
made available with the following restrictions (Check one):

☒ No restrictions

☐ The following specified portions of the interview will not be made available
to anyone until _____.

Julia F. Sollenberger
Name of Interviewee

Julia F. Sollenberger
Signature

Date 12/5/17

Accepted by: U.R.
MLA EXECUTIVE DIRECTOR

Rick B. Forsman
Name of MLA Interviewer(s)

Rick B. Forsman
Signature

Date 12/5/17

Date 4/13/18



Biographical Statement

Julia F. Sollenberger, AHIP, FMLA, spent thirty-seven years at the University of Rochester, where she directed the Medical Center Libraries and Technologies. She led the library's evolving role in providing information technology services to the Medical Center and its transition to models of access to digital resources. She is recognized for her contributions to seminal research on the impact of libraries on patient care. Her career highlights include collaboration with libraries in the Rochester region, leadership development in the profession, and a focus on the importance of staff.

After receiving her undergraduate degree and teaching mathematics, Sollenberger earned her MLS from Indiana University, Bloomington. She was selected to participate in the National Library of Medicine Associate Fellowship Program in 1977/78, where her project on designing the conversion of card catalog records to machine-readable form led to a position as systems librarian at NLM overseeing the contract to implement the retrospective conversion. Her work was acknowledged by a National Institutes of Health Merit Award.

In 1980, she joined the Edward G. Miner Library, University of Rochester School of Medicine and Dentistry in Rochester, NY, as head of information services, where she worked with her mentor Lucretia McClure. Sollenberger subsequently held positions of head of public services, assistant director for public and computing services, assistant director, and deputy director, before being named director in 1998. From 2009 to her retirement in 2017, her increasing field of responsibility was recognized in her appointment as associate vice president and director.

Her commitment to making medical information accessible extended beyond the Medical Center to include other health sciences libraries in the Rochester Regional Library Council and to health consumers in the community. The collaborative efforts led to the 1992 Rochester study demonstrating the value of hospital libraries during a time when the library requirement had been discontinued for hospitals in New York State. Sollenberger chaired the planning team for the follow-up Value of Library and Information Services in Patient Care Study, conducted in 2007-2012 at 56 library sites with over 16,000 responses, with Joanne Marshall as lead researcher on both studies. The publication on the Value Study was awarded the Ida and George Eliot Prize by MLA. Sollenberger also coauthored a viewpoint article on the study in *JAMA* that extended its reach.

Sollenberger was chair of the Upstate New York and Ontario Chapter of MLA. She chaired the MLA Chapter Council and served on the Board of Directors during 1989/92. She also chaired the Leadership and Management Section. MLA elected her Fellow in 2005. As the culmination of her career, she presented the 2017 Janet Doe Lecture on the culture of kindness. She served as president of the Association of Academic Health Sciences Libraries in 2008/09, chair of the Future Leadership Committee, and twice as mentor in the NLM/AAHSL Leadership Fellows Program.

Medical Library Association Interview with Julia F. Sollenberger

[WAV File #1]

RICK B. FORSMAN: This is an interview with Julia F. Sollenberger. We're at the Sollenberger residence in Rochester, New York. Today is December 5, 2017, and the interviewer is Rick Forsman. To begin, Julie, tell me about where you grew up and any circumstances that set the stage for your later education and career.

JULIA F. SOLLENBERGER: Well, I grew up in Lancaster County, Pennsylvania. It's a beautiful place. I adore it; I miss it. And it's filled with people who are kind and courteous to one another and feel that they want to do good things for other people. And I feel like that is what has been infused in me from a very early age.

I was the youngest of four siblings. My siblings all did well in school, so, of course, I had to do that as well. My mother was a teacher, and she also did lectures in churches, actually, so she was very good at speaking extemporaneously. My father was a leader in the community. He was the manager of a sales stable, a livestock auction. But he was on the board of the bank, etc., so he was a leader in the community. I think I looked at my family and my parents and sort of said, I had something to aspire to, to live up to. It was a great place to grow up. It was filled with good food and good people.

F: And strong family and community values.

S: Yes, very much so.

F: In 1972, you obtained a bachelor of arts degree in mathematics from Manchester College. Then you graduated from library school five years later. Tell me what was going on during that period.

S: I went to Manchester College in North Manchester, Indiana, because it was a church-related school; it was related to the church that I grew up in, which was the Church of the Brethren. My siblings had all gone there as well, so I just followed suit. We all went from Pennsylvania to Indiana.

When I graduated, I got married right away that summer of '72. My husband had one more year to go, so we stayed in North Manchester for a year. And I started teaching math. Math was my undergraduate major. I loved it. It was easy for me, so I taught it. I actually taught it for four years, first while we lived in North Manchester, and then we moved to Bloomington, Indiana, where my husband went to graduate school for him to get his master's in English language. I kept teaching three more years in Bloomington. I liked it. Kids liked me. It went well. But it was one of those things where I said, "I don't think this is enough. I can't just keep doing this forever." There wasn't enough variety. The kids were different each year, but intellectually, it wasn't enough variety. And so I said, "I've got to figure out something else to do with my life. I don't want to do a master's in education and keep doing this."

I decided—looking at your next question, what influenced you to go into librarianship—that I needed to get a master's, and this seemed like a good thing. You didn't need to have an undergraduate major in it. I had a math major, and everybody told me that if you were in science or math, it was better when you went into librarianship, because most people were in English, right?

F: Humanities, social sciences, yes.

S: So I thought, all right, this sounds good to me. I didn't have any idea what I was getting into. It was just that I needed to do something, this sounds like something I could do, and so I applied to get into library school at Bloomington.

F: And you were right there.

S: And I was right there. My husband got his master's, and then while I was going to school, he was the manager of an antique store, so we traded off.

F: And did you have any classes in medical librarianship as part of that program?

S: I did not, but I did have a special libraries course that was taught by Herb White.

F: Oh, my gosh, the iconic Herb White.

S: The iconic Herb White. He was something. I enjoyed him. He was my mentor, basically. He taught a course in special libraries, and one of the things we had to do was to develop a project to set up a special library. I chose to do a hospital library for the hospital that was there in Bloomington. So I started to do my research. I went and visited the hospital. It was a teensy, little room that had a few books in it. I talked to a lot of people in the hospital. And that's actually what made me interested in medical librarianship, was doing that project.

Herb White liked it, and he said, "Why don't you apply for that National Library of Medicine Associate [Fellowship] Program?" So that's how that all happened. He was a big name. He knew people at the National Library of Medicine.

F: He was quite the author at that period for special librarianship and management, and very well connected in the field.

S: Right. So I did; I applied. We were in Bloomington, Indiana. We were ready to move. There was nothing that was keeping us there. I remember my interview was not on-site at NLM; it was at the library school in Indiana. I will never forget: Sheldon Kotzin was one of the people who interviewed me. It was a phone interview. But it took, like, two hours. And I was amazed that they decided they would accept me into the program, not having ever actually met me.

F: But you had Herb White's endorsement, which would have carried a lot of weight.

S: I did. And I think it did. So I was lucky. And then I went to DC.

F: Were there any other faculty at Indiana that you had relationships with or remember?

S: Not really. Herb was plenty. He also taught the one technology course that they gave at that time, so I had him for those two courses and we just got along. I'm sure there were other people who encouraged me and had interesting things to teach me, but I don't remember them. Herb's the only one.

Now, I also did work during my master's program at the Lilly Library at Indiana University. It's a rare book library. I was a catalog assistant and did OCLC work there. I remember that experience very clearly. But as far as the courses I took and that kind of thing, it's all a big blur, except for Herb [laughter].

F: That's when the OCLC was in its early days at that stage. And so that was excellent experience and a good way to get your feet into automation.

S: Yes. And I had fun doing it. The catalogers would make changes to the records and then I would go in and make the changes in the records themselves.

F: Interesting. I want to ask a few more things about education before we continue on this line about your transition to NLM, because I noted, in looking at your CV, that you continued to add to your education as you've gone along. So tell me about your decisions to do some of the informatics and leadership institutes at NLM, the ACRL [Association of College and Research Libraries]/Harvard program, and then most recently, the Rapid Impact program that you took.

S: Let me first talk about informatics. It was clear to me that for libraries to have an impact and to stay relevant, we had to understand technology well. We had to be able to speak the same language as the IT people in our institutions, the people who did the medical records. I just decided that that was something I needed to be better at, to know more about, if I was going to continue to move up and be involved at a high level—fairly high level—in my institution. So I did that NLM informatics program at Woods Hole. It was a great experience. Mary Ryan actually did it with me—Mary Ryan from Arkansas. And I think Lisa Traditi might have, too.

F: Yes, Lisa was there.

S: We had a good time together, and we learned a lot. It's kind of a tough program.

F: Oh, I think it's quite demanding.

S: Yes, there was stuff we were supposed to do that was like, ahh, I have no idea what I'm doing. But it was exposure, and that was what was important. And we were talking to other people who were in IT positions that were like the people in our own institutions.

As far as the leadership goes, I've always been interested in leadership. When I was doing my original work in Rochester, I always wanted to move up. I always felt like I had things to try and say that might be at a higher level. I wasn't as good at doing as—I mean, I was good at it; I did it—but I cared more about why we were doing it than actually doing it. And so, to me, the leadership was just a natural thing that I wanted to get into and to continue to expand my skills in. It really reflected who I was. I continued to always look for opportunities to know more about that aspect of being either a deputy director or director or whatever.

F: And the ACRL/Harvard [Leadership Institute for Academic Librarians]?

S: Oh, it was the same thing; it was a leadership program. I could do it. I looked at it. I said, "I'll learn; I'll interact with other librarians from other institutions and from other areas." They certainly were not all medical librarians. And it was just a way to expand my horizons and maybe be better at what I did. I think it helped. I think it gave me new ways of approaching certain things. There was reading we had to do that was eye-opening for me that I wouldn't have done otherwise.

F: And I think my perspective is, it's always a combination. There are certainly things that you get exposed to when you learn firsthand, some interesting conversations with other people. But as we know, too, in our settings, oftentimes they're very geared towards certificates and completions and things, so there is a benefit of having that piece of paper in hand for recognition at home.

S: Exactly. It was recognized at home. My boss at the time, I think, who was probably the COO of the [University of Rochester] Medical Center, I think seeing that Harvard thing made a difference.

F: The education of librarians has really changed since you and I were in library school. And the graduates who are entering the workforce today have in some cases vastly differently skill sets than what you and I emerged with. Any comments you'd like to make about differences in your own education and what we see today?

S: Sure. I said that my graduate program is kind of a blur to me, but I do certainly remember cataloging courses, reference courses, where we had to go to the library, use reference books. As I had mentioned before, there was only one course in information technology, and it was focused on that technology related to, I think at the time, integrated library systems, for instance, because that was something that we were all involved in. So it was a totally different education that I got. Maybe there was one management course. I think there was. I do remember a few things from that—POSDCORB: Planning, Organizing, [Staffing, Directing, Co-Ordinating, Reporting, Budgeting]. It was one of those mnemonics—you're supposed to remember all the things

that management is involved in by using the letters [editor's note: from Luther Gulick's "Notes on the Theory of Organization"]. I can't come up with all of them now. I probably could if I thought enough. But I had a management course.

But now, what do they do? They learn data, data curation, informatics, web development. It is a totally different kind of education they get. I think the precepts of why we do all this is the same. We're there to find information—in medical librarianship, anyway—to increase the effectiveness of patient care, to make research better, etc. But the specific ways we do it are totally different.

F: And I like to think that we focused, I think, more in library school on 'how.' And I think the educational process now allows people to think more about the 'why,' as you were saying earlier, the more important things. Because certainly, when I took advanced automation with punch cards, it was very different.

S: Sometimes, though, I'm not sure that, even now, there's enough of the why. I think there's still a lot of the how. The how is just different. But I think when I talk to people fresh out of library school—or have in the past talked to them—they're still focused on what do I do, not why do I do it. I think that that really takes time and takes maturity and takes some experience.

F: And some practical work experience.

Well, that's probably a good segue to talking about your career again, what you did. So you entered the NLM Library Associate Program [1977/78]. You finished library school. Tell me about the work you did in that time.

S: The Associate Program, of course, has the first six months, where you're just going around learning about NLM. I actually remember my very first week there. They put us right into MEDLARS training the first week we were there—the first day. And I was petrified, absolutely petrified, because we hadn't done any of that in library school. So all of a sudden, I was learning about MeSH and learning how to do searching online, and it was, at that point, of course, all command-driven. And it was scary. But I got through it, that first week. I remember it so well.

We just learned about everything in the library, and it was fascinating. I just loved every minute of it, because it was really the why, not the how. And then we all had to do a couple projects—I did two. One of them was an historical project where I worked in the archives. That's not necessarily something that I would have chosen, but my other project was so big that I had to have a little project on the side, so I did that one.

My other one was this feasibility study to convert the catalog of the National Library of Medicine into machine-readable form. It was a room—a huge room—which is now under the mezzanine of NLM. That room was filled with catalogs, catalog cards, thousands and thousands of them. Maybe even millions; I don't remember that number anymore. But I had developed the numbers. I knew what was there. I knew what had to

be done in order for a person to take a card and then convert it into a record that would have the right fields. Everybody thought that this was a good study, that it made sense to do what I had come up with. Then, when I was done, they wanted me to continue by being the person who oversaw the contractors who would do that conversion.

F: So that was a nice, easy transition from your year as associate into your first job at NLM.

S: Yes, it was really quite easy, because I was already involved. The best part of that job was that I worked with the people who did the programming, and we developed from scratch—at that point that's kind of what you always did—the software that would present to the person, who was looking at the card, the fields that they needed to put this information in. I was the one that worked with them and was the go-between between the library side and the technology side. It was so much fun. I was able to understand what technology could do in those two years ('78 to '80), and I loved my job. It was just great to feel like I was making that kind of a difference. It was the time when we were moving from paper to electronic, and I was part of a very important project.

F: At a very early stage when a lot of libraries were beginning to think about converting records but didn't have a plan for how to do it or a way to estimate the costing or sources of funding for that kind of project.

S: Right. And, of course, NLM could find those sources of funding at that point. They also used contractors, so we had a way to approach it already set for us, and then we just had to make it happen.

F: Right. And you came in, in many ways, at the perfect time, because NLM had already some great early experience with structured records. And the MARC record format was blessed and established at that point. So to begin to use those fields and subfields was quite feasible.

S: Yes. What was interesting is that, after the contract was finished, after I had gone, they used that same system [RDES (Retrospective Data Entry System)] then for quite a few years. They changed it but used it as the basis for new cataloging. That was the interface that they used at NLM for the cataloging. I think they then would convert those records into OCLC, but the interface was easier to use than the OCLC interface. I think there was machine-readable conversion, then, from what they developed—the records that came out of that system through original cataloging—and then moving up to OCLC.

F: And then also fed into the issue of getting CATLINE tapes from NLM loaded out of OCLC. Because the records had to be reformatted for OCLC, and then they sat on them [laughter], instead of loading them promptly, I remember.

S: Yes. But eventually, they got there.

F: Yes, they did.

S: I couldn't even remember the term CATLINE. Thank you. Yes. CATLINE came from the system I was talking about.

F: And NLM, I think, was certainly very smart about taking existing functional software and using it effectively.

S: Well, they had cadres of programmers. That was one of the main things they did, at that time, anyway.

F: So we're talking about your experience with that whole retrospective conversion process. And you talked a little bit about the difficulty of the first week, of jumping into NLM and being thrown into MEDLARS and all kinds of things that library school didn't prepare you for. Taking on a major project like that and being coordinator of something so large and overseeing contract work must have been challenging as well.

S: You know, it was, but I had incredibly good mentors. One of them was Sally Sinn, who was the [assistant] head of cataloging at that time. She was the person I wanted to be some day. She was straightforward and encouraging and smart, and so she really helped me through that transition. Another person was Betsy Humphreys. Betsy was very, very encouraging. At the time I think she might have been [assistant] head of serials [1976-1979]. I can't remember what the next step up was, but she kept moving up. But she was a person who would encourage and help, and she *always* had a good idea. If you needed help, she was there for you, and she pretty much always had an answer, which was something that I needed at the time. I knew more about this project than anybody else in the place. Except for the fact that I needed this mentorship and help, it wasn't all that hard for me, because it just made sense that I was the one to do it.

F: Yes. NLM, to do them credit, has always had a good record for seeing the potential of individuals and letting them run with projects and things.

S: I agree. Interestingly, Betsy Humphreys has always been somebody who has recognized my project, as an associate project, as one of the most important ones that was ever done, and that, of course, made me feel great.

F: Of course, as it should.

S: But she always made that point. She said, "Associate projects can make a huge difference at NLM. It's important that we have that training program. And, they contribute to the work of our library."

F: Then, in 1980, you made the momentous move to the University of Rochester to the Medical Center in Upstate New York. And you began a career here that has lasted thirty-seven years, one institution. Great track record. You jumped from systems work at NLM to being the head of information services, which is an interesting transition from one side

of the house to the other. How did you decide to make the change, and how did that job lead upward to becoming head of public services at the university?

S: Well, there are two words: Lucretia McClure. At the time I was an associate, she had just become the director of the Edward G. Miner Library at the University of Rochester. And my husband and I were trying to decide what to do. We wanted to have children, we wanted to own a house, and when we looked around in Washington, DC, we would have had to move way out in the boonies to afford that.

F: Very expensive area.

S: Very expensive. And we finally said, “You know what? It’s just not what we want to do.” I started to think about other opportunities, and I knew that Lucretia was here. I had a sister who lived here in Rochester, and so we had visited quite a few times, maybe five or six times in a couple of years. I thought, all right, I’m going to go visit the library at the Medical Center in Rochester, because I know Lucretia McClure’s there; and, during our Associate Program, Lucretia had come and spoken with us at one point. And she knew my sister lived here, and so we kind of had a connection. So I went and talked with Lucretia, and she said, “Honey”—as she would—“We’re going to find a place for you here if you want it,” and so I said, “I do.” She said, “I have an opening as head of [information] services. You can do it. It’s not what you’re doing now, but you can do it.” We just connected; we clicked. So I decided to do it. It was a way to get here, to get to a place where we could afford a house and start having kids, so that’s what I did.

And the beginning was kind of rough for me in that I had to do searches—searches, searches, searches galore. There was one other reference librarian in addition and I, and we probably each did twenty searches a day.

F: Wow, that’s a lot of searching.

S: That’s all I did.

F: Nonstop.

S: It was nonstop. You had a pile high on your desk and you just chugged through. Totally different than the world is now, but it certainly made me a good searcher. The person who was my cohort at the time, under me in reference, was an excellent searcher, so she taught me even though I was her manager. So I got a lot of good practice.

Lucretia and I would talk a lot and I said, “I’m doing this, and I can do it, and it’s fine, but it’s not really what I want to do every day. I would like to be influencing strategy and doing more of that level of work,” and she agreed. So that’s how I kept moving up. I just felt more comfortable when I was able to say, “Let’s do it this way,” instead of actually being the one to do it [laughter]. And I think anyone who was a director or leader understands that. I’m sure you do.

F: Yes. It's an echo of what you had said earlier about teaching mathematics.

S: Right, exactly. I could do it. It was fine; it went well.

F: But there are more interesting things to do. And especially instead of doing searching all day, every day.

S: Oh, I can't tell you. Margaret Chretien was the other reference librarian, and that's what she loved. She would come into work in the morning and say, "Oh, I'm so excited. I get to search all day." But I would come in and say, "Ugh, okay, another stack."

F: And then...in 1992, you took the step up to the assistant director responsible for public and computing services, and then quickly taking on broader roles, including coordinating IAIMS [Integrated Academic Information Management Systems] planning for the library. Tell me about what you think were the most exciting tasks you handled then.

S: IAIMS happened at Rochester because of Valerie Florence. Lucretia retired from Rochester [in 1993] and Valerie Florence took the position of director. She was very interested in technology, in IAIMS and working with the medical community. She is the one, basically, who was responsible for writing the IAIMS planning grant that we had. It was a planning grant. We tried to get an implementation grant, and we were not successful.

I became the coordinator of the IAIMS planning grant. Valerie pretty much decided to take—so that she would learn more about it—the day-to-day running of the library. The people started to report just to her instead of me; they had been all reporting to me. She said, "You'll get a whole new experience being the coordinator of the IAIMS planning grant." And it really was a good thing for me, because I then was interacting at a different level. I was interacting with the head of IT, with physicians who were part of the planning grant, with the IT people on the main campus. The people that I developed relationships with had risen to a different level through that IAIMS planning grant. So it was a great thing for me.

F: It moved you out of the library in many ways, and it also established a pattern that you were working as a peer with those people.

S: That's right. Exactly. Even though at first, I was a little concerned about it, because all these people reported to me and now they weren't, and it was like, come on, what are you doing? But it ended up being very good for me in my career.

F: Because you really couldn't have continued to have coordinated the library and the planning grant. And it allowed you the freedom to really concentrate on the planning.

S: Exactly. Now, when the IAIMS planning grant was over and we didn't get the IAIMS implementation grant, then we switched again and I was the deputy director in '97. And

people, then, did report to me, and Valerie concentrated on the outside, the relationships within the Medical Center that were at the higher level. We sort of switched around at that point, which was fine, because I had had that experience; I knew those people now. And it helped me to be a better deputy director, and, eventually, director.

F: In many ways, you stepped back into the operational job responsibility that you had. Your title changed, but it sounds like you were doing mostly the kind of internal coordination.

S: Yes, but I had more functions at that point. We had just begun to be the center of web services in the Medical Center. When Valerie was there, web development was just starting; the Internet was just starting, if we can believe that. And the library had some people who were interested in it. Valerie was one of them, and I and others were, as well. We were able to develop web pages, and no one else in the whole place could. Even the IT group didn't know how. Seriously. They were all focused on just electronic medical records, whatever place that was at the time. We expanded what we did, and we had web services, so I was responsible for that. I was also responsible for the curriculum support that was web-based, because, again, we were the only people who were doing any web-anything. We developed web pages for courses. It all started within our IT group. So I didn't just go back to my old job; I went back to being in charge of the operations, and the operations were now bigger than they used to be and more far-reaching.

F: And in some ways, very smart strategic positioning of the library, to be at the forefront of automation for the campus.

Tell me also about the MIRACLEnet project that was a shared database access across the hospital libraries in Rochester.

S: That was a fun project; I loved it. The Rochester Regional Library Council is a multi-type library consortium that is funded partially—mostly—by New York State. There are these regional library councils across the state. They funnel grant money to people within their region. When we started to have access to MEDLINE online, and it wasn't through a TWX machine or a Texas Instruments—

F: Silent 700.

S: Thank you. When it was actually *computers*. And we were gaining access to it at the Medical Center, because we had money and we could pay for this. It was BRS [Bibliographic Retrieval Services] at the time. The hospitals in town were having trouble doing that, because they didn't really understand how to make it all work for them, how to develop a portal for people to get access to this and other things.

F: They didn't have IT departments that were sophisticated enough.

S: They didn't have that IT support. They had IT within the hospitals, but that was, again, all focused on patient care and electronic medical records.

F: And billing.

S: And billing. Probably more billing at that time. And we did—we had our technology people within the library, so we were able to say, you know, we could share this access. We negotiated with BRS and said, “Here’s what we’d like to do. Can you help us make it happen?” And I think we were one of the first to do this. It was happening all over the country at the time, but we were, I think, in the forefront of it.

And MIRACLEnet—let me tell you what MIRACLE stands for: Medical Information Retrievable at Computers Located Everywhere [laughter]. The head of IT in my library, in Miner, came up with that. Her name was Betsy Morris. We were the hub, the one that ran that, and the other hospitals would access our version of it. It was when you had your CDs, and you were able to serve it out from your server, and you changed them at each update. People were accessing through us, to the Med Center. At the beginning of that, it all worked well. We weren’t quite as, I guess, competitive at that point. But eventually, the hospitals became very competitive, and there was a lot of skepticism about why are we helping these other systems in Rochester.

F: It’s always part of the tug within health care: when do institutions collaborate and when do they compete.

S: And of course, libraries want to collaborate.

F: Only [laughter].

S: Only; that’s right. Bernie Todd Smith was the head of the other major system in town [Rochester General Hospital], and we’ve had interesting conversations over the years about how to deal with the fact that we wanted to collaborate and the places we worked at didn’t.

F: That’s always tricky.

S: It worked well for a really long time, probably until—I’m trying to think when we finally made it go away—it was probably 2009, something like that. So a good ten [to fifteen] years, I would say.

F: That’s a very good life span for something like that. And meanwhile, the World Wide Web was quickly gaining prominence everywhere, and you helped the Medical Center develop services and embrace that technology. You’ve talked a bit about how that pulled you out of the library. But the benefit of having that exposure and interaction with people around campus. And that is so key to credibility, I think, within our institutions.

S: Yes. People knew that we could do this stuff, that we were kind of on the forefront of technology. And eventually it became too big for the library, and that was a real struggle. There were years in there where having web services in the library, it felt like our baby, it

felt like we wanted to keep it. But everybody in the whole place was using it, and it wasn't our primary reason for existence in the library. And so, eventually, we had to say, we've got to figure out another way to get this done, and it has to be its own entity. But that transition was a very difficult one, actually. We tried to have a steering committee with all the important people in it, but it still was within the library. We tried so many different things. Eventually it just had to move out of the library and have its own existence.

F: Well, I think it was important at a particular point in time for the library, as an effective deliverer of information services, to help establish and sell those kinds of things. But then, at a certain point, it's not scalable for the library to do that.

S: And we needed to do it for ourselves. We needed a web presence; we needed a portal for electronic journals.

F: And there was no one else to do it for you.

S: There was no one else to do it for us. We definitely did that all on our own. And so we needed to know all those things, but then becoming the provider of those services that weren't really *library*-related out into the world—our institutional world—became too much. It was a very political time, that transition. I remember it well.

F: Politics are always important.

So we were talking about how it's key for libraries and librarians to be involved in the broader parent institution, and your work with web services, with IAIMS planning, also meant that there were a lot of people who now knew you, and that must have been an important factor when you had the opportunity to become the director, because you were known.

S: It is true. I was very, very fortunate to be known at that point. When Valerie left, she did recommend that I be appointed director, and I was [in 1998]. There was no search; I was appointed, and that was awfully nice. And I think it worked because of all the things you just mentioned. There were a lot of people who knew who I was.

F: And you had built a lot of credibility for yourself and for the library.

S: Yes, I felt that was the case. Indeed.

F: Can you tell me a bit about your involvement in providing student computing services for the School of Medicine?

S: Yes. Right now, a lot of places use Blackboard or some other learning management system. At that point in time, there was no learning management system. You developed the web pages for classes. We were involved in that because we were involved in the web development within the Med Center. We were developing web pages; we were

working closely with the School of Medicine to do that—also the School of Nursing. And eventually, again, it became too big for us to handle. But this time, we decided instead of giving it away, we were going to keep it because it was so close to what our mission was: developing and providing, in whatever way, resources for learning. And so we decided, we're going to hold onto this one. We ended up going from web development for classes to a system, to another system, to another system that ended up being Blackboard. I cannot remember all the names of the systems in-between, but there were several, because they were just developing; people were just starting to use them. And we eventually got to Blackboard. We were the keepers of Blackboard for many years. In doing that, we were working with the School of Medicine and School of Nursing closely. We knew what their curriculum was.

When it was time for them to need more computers in-house, we were the ones who knew how to do public computing. Having labs of computers, computer labs here, there, and everywhere—we were the ones that had the expertise to do that. We just kind of gradually moved into that whole realm. We did email for students from our place, because, again, the email that was done for staff and for the clinical world—if something went down, they would focus totally on the clinical, and the education didn't get any attention. But we were able to make that a priority, so our IT team did email for students. And then we eventually got to doing iPad deployment for students. I don't even remember what year that would have been, but the medical school decided that students needed iPads and we were the ones that knew how to use them.

F: And you were the people who knew the students and how to support them.

S: And we knew the students. Exactly. And the students come to the library. They feel comfortable there, they like asking questions of us because we're nice people, and they know that we have the expertise. So that has moved gradually along in the different phases of it, but we've always been involved.

F: And I think that is an interesting trend in our field, because the libraries have strengthened information delivery and user interaction, and when there is an IT piece that fits tightly with that mission, we're oftentimes better able to deliver and support that than the large central units that either have a clinical focus, or they have so many users, they can't give students or targeted groups the assistance that they need.

S: Exactly. That was very much the case in our environment. We wanted to help those students to do the best they could do, and they needed attention and they weren't getting it from anyplace else.

F: And fortunately, people in the Medical Center realized that the library could offer that kind of support that was needed.

S: That's true. However, we always felt like we were doing it on a shoestring. Because it was a kind of extension of us and wasn't its own entity, it always felt like we needed

more resources. Now, we always feel like we need more resources, but I think especially in this area we felt that way.

F: Because I think, oftentimes, the library ends up creating new services and products that we have no new money for.

S: That's right. I would have to wrangle for a position, and eventually, I got enough positions that we could actually provide a service that was robust. It started out tiny and then it became more robust, but every single position was a struggle.

F: Yes, always. But again, it's that interesting phenomenon. That's what allows us to maintain credibility and to maintain our image as being out there at the cutting edge and service-oriented.

S: And I think that's what made the difference. The service orientation—the customer service—made the difference. Everyone knew that if the library got to do it, it would be done pretty well, and it was. That's how we did develop credibility, and people trusted us.

F: And now, after thirty-seven years, in April of this year, you moved into well-deserved retirement. Tell me if there were other memorable committees or other working groups that you contributed to within the Medical Center or across the university as a whole.

S: Sure. I seemed to always be on committees. And though a lot of people hate them, I kind of like them. I always enjoyed that committee work. Not always. If there was a good reason for that committee to exist, I enjoyed it. Sometimes there were some that didn't have a good reason to exist.

One of the things I enjoyed the most was the strategic planning that we did at a high level for IT, for online learning. At a high level, we were able to say, where should we be going with this as an institution, as a medical center, and then, eventually, as an institution. I was always involved and felt like I made a contribution.

I loved being on the committees for the electronic medical record, because that was a whole new thing to learn about. It was kind of hard sometimes, because I don't know that everybody saw the value of what we did related to that. But it was an interesting thing to be involved in the discussions at a fairly high level.

I was on the Medical Center Leadership Team. It's a group of people who are at a particular level—associate vice presidents and above. And I loved that, because I got to hear the good stuff, what was really going on, what was the important thing that was happening at that very moment. We would meet weekly, and it was a fairly large group. It was maybe twenty-five, thirty people. But it was all the people that mattered in the Medical Center, really. I don't mean 'that mattered'—everybody mattered—but that had the pulse of what was going on at their fingertips. And I loved that. We gave presentations on about an annual basis about what was going on in our area, and I

enjoyed that. I liked being able to present the new stuff that we were doing, and then to hear what others were doing, and then we'd have discussions about it. That included the CEO and the dean and everybody, the head of the hospital. So I thought that that was a very worthwhile group to be part of. Probably the most memorable.

F: And now, transitioning out of all that organizational focus, what lies ahead for you in retirement?

S: Well, a lot of traveling. I've already done quite a bit. I have a son who lives in California and one who lives in Asheville, North Carolina, two great places to visit. We've done a lot of visiting. We are about to take our sons and their wives to Europe for three weeks in a couple weeks—actually, next week. So, traveling is definitely on the horizon for us. We have our bucket list, and we're going to start going down it.

My husband and I garden quite a lot. We have a fairly extensive garden. And it takes a lot of time, so we do that. If you would walk into my den, you will see another thing that takes a lot of time for me, and that is the oboe that is sitting there. I have started to take oboe lessons.

F: Oh, I didn't know you played. How nice.

S: I didn't play until July of this year. When I was a kid, I played clarinet, but I now play oboe. I've always loved the sound of the oboe. It just touches my heart, and I've always wanted to play it, so now I'm starting. Now, the sound of my oboe right now is not quite touching hearts [laughter]. But I'm getting better every day.

So, really, I'm not going to be involved in libraries. It's not something I—I've done it for so many years that I'm now ready to focus on other things, and that's family, music, gardening, and travel.

F: And I think, too, from my perspective looking back, in the first year or two, you discover other things that become interests.

S: Yes. So, we'll see how it all goes. Renovating our house is another one that is going to come up here soon.

F: And you need time for those kinds of projects. You really do.

So, we've talked about your education and your work experiences, and I'd like to turn towards your involvement in service. How did you become involved with professional library organizations?

S: When I was an NLM associate, we were expected to go to the Medical Library Association annual meeting, and that was in 1978. And so I went. I was in absolute awe of what was going on. I knew things from the NLM perspective, but I didn't know much about just the world of libraries out in the field. I was amazed by all of the papers that I

heard, all the people that were learning and explaining and describing their projects. It was overwhelming to me, but lovely overwhelming, happily overwhelming. So that was it; that was how I started.

And then after I came to Rochester in 1980, I was immediately pulled into—at the time it was called UNYORG—Upstate New York and Ontario Regional Group. Eventually the regional groups all became chapters, so then it became UNYOC. In fact, in [1985], I was the planner for the UNYOC meeting here in Rochester. Then in 1985, I became the chair of the chapter. So pretty soon after I got here, I got involved in the chapter. And that gave me leadership and experience. It gave me an opportunity to learn the people in the region, not just in Rochester. And I said, “This is fun. I like this.”

F: A different kind of leadership and interaction.

S: Yes, it was a different kind of leadership. It was just talking to your peers and figuring out what they were doing and developing programming that would help us all. I enjoyed that. That’s actually how I got involved in doing something related to MLA.

F: And you talked about going to that first meeting in 1978 and seeing all of the interesting things that were going on then. Are there other impressions of MLA at that stage?

S: I think that I was just so in awe—I think that’s the word to use—of all of the leaders. I would see those people and hear the Janet Doe Lecture, and the president would give his or her report, and I thought, those people are really important. That was where I was at the time—oh, my god, those people are important. I will never get to be that person. Never. And eventually, you kind of do [laughter]. But, oh, my god, what happened? But my impression was, I was wondering how they got where they are. How did that person get there?

F: To be so accomplished and so wise. Are there particular meetings that you remember or trends across the meetings?

S: Yes. The one meeting that I remember well was the centennial meeting. I can’t think what year that was right now, but it was in Philadelphia. I think that it really made an impression on me, again, because we were looking back. We were looking at all of the people.

F: It was 1998.

S: Yes! Thank you. Rick just looked at his folder that has the centennial logo on it. It was just, oh, my gosh, a hundred years of these people doing our good work. I remember at the meeting there were pictures of important leaders all over the conference center, and I remember seeing Lucretia’s and thinking, wow, I worked with her. She’s my mentor. That’s cool. I remember that one probably more than others.

Others I remember because of maybe the place and the people that I was with. Jacque Doyle and Mary Ryan and I were on the board together and we would always room together. So a threesome. For twenty-five years, we roomed together every single MLA, and also AAHSL, the Association of Academic Health Sciences Libraries. So that's memorable, because they became really good friends, and still are.

F: Very nice. Tell me about some of the memorable committees and task forces that you served on for MLA.

S: I had talked about UNYOC. I became the chapter representative from UNYOC to the Chapter Council. That Chapter Council link—I was on there for two years—is actually how I got on the board. That is quite memorable, and we can get to that in a little bit when we talk about the board. But that was the most important thing that happened to me related to MLA, that chapter to Chapter Council chair link.

I also really well remember being on the CE committee, the Continuing Education Committee. I was on with Fred Roper and with Trudy Gardner. Those are the two people that I remember the most. I felt like Fred Roper was this wise, knowledgeable person, and Trudy was as well. I felt like I learned so much from just being in their presence and seeing how they did their work, and their thinking process. And I was the kind of person who, if I was told to do something, by golly, I got it done [laughter]. So they liked having me on the CE committee, because I was a worker bee.

F: And the CE committee had a lot to do.

S: A lot to do. The CE committee was very influential. I assume it still is. I'm not quite sure that I know how it works right now, because I haven't been involved for a while. But yes, the CE committee decided what was going to be taught, what was important to be taught.

F: And who would teach it, and when and where. There was a lot of coordination.

S: Those were the two highlights for me.

F: And then your colleagues enthusiastically elected you to serve on three different Nominating Committees, which is unusual, and elected you to the Board of Directors [for the 1989/92 term]. So you mentioned Mary and Jacque as other board members. Who was the executive director of MLA at that time?

S: It was Ray Palmer. He was the executive director during all three of my years on the board. [Editor's note: Palmer was executive director, 1982-1991.] He resigned, he left, just at the end of my third year, and so I was involved in the interviewing for the next executive director, Carla Funk. So I saw that transition happen at the very beginning of it.

Some other people who were on the board were Lucretia. Lucretia and I were on the board together. She became president-elect the first year that I was on the board. We were on the board three years together, which was kind of weird, but neither of us cared. We thought it was fine; we enjoyed it. Mary and Jacques. Fred Roper was on the board when I was on. Carolyn Reid, Frieda Weise, Joan Zenan, Gail Yokote, and Dick Lyders. Those are the ones that I can remember well. So it was quite the lineup.

F: Quite the lineup. Some stellar names there.

S: I had a great time being on the board.

F: Obviously, that transition from Ray to Carla was an important one in setting new directions for the association. Were there other issues that the board faced that you can remember?

S: Yes. We were in the throes of strategic planning during my board years, and there was a lot of unhappiness about the process at the time. I don't remember exactly why; I just remember that there were enough people who expressed that they didn't like the process, that they weren't involved enough in the process. That was kind of a touchy subject and a difficult thing to work through, as I recall.

There was a dues increase during my three years on the board. You plan and you try to figure out how to make it so that it's going to go through. We needed the money, and that's not always easy, because there are people who stand up and say—or at least at the time—there were people who would stand up and say, “Well, what are you doing with our money? You need to do this and you need to do that.” It was always a little bit of a concern to bring a dues increase to the membership at that point in time. I don't think it's the same now, but it was then.

F: I wonder if part of it, Julie, was that both for strategic planning and for the dues question, we didn't have the communication mechanism within the membership.

S: I think you're right.

F: We didn't have the options that we do now for people being informed and included.

S: I think that's exactly right. That hadn't come to my mind, but you're right. Now, we have so many ways to learn about what's going on and what leadership is thinking about, and making sure people get a two-way communication opportunity.

F: And members can look at the budget any time they want to, whereas that kind of stuff was not available.

S: Absolutely. Actually, that makes me think of Chapter Council. When I was chair of Chapter Council, we would have mailings. There was no email. That was how we communicated. I mostly communicated to them and didn't get much back except for

phone. There would be these mailings that would be enormous. Anything that had gone on would get into this mailing. I probably did five or six mailings a year. I had to have almost a half-time clerical person to help me with all of this.

F: I'm sure. The council coordination jobs at that time were really intense.

S: It was a big job. It really was. Luckily, I had Lucretia at the time as my boss, and she cared about MLA, and she was willing to say, spend the time you need; we'll get through it.

F: Any other noteworthy aspects of serving on the board?

S: Well, the friends and colleagues I made, the really good friends, were a very important thing to me. Also, people kind of looked up to you. It was nice. It felt good that people saw you as a leader in the profession. You tried to live up to what they hoped you would do for them.

The other specific experience I remember is that I had a new baby when I was on the board. My son was born in October of 1988, and I went on the board in 1989. But I had to go to the midwinter meeting before I went on the board and that was in December, and my baby was two months old.

F: Oh, and you had to travel in the winter.

S: And I had to travel in the winter, and I was nursing my baby. My dear husband brought our six-year-old and our new baby to Chicago and was with them all day long during the board meetings, and he'd bring the baby to me during the day and then go off and do things with the kids during the day. It was above and beyond, I think [laughter].

F: Kudos to Dale. That's quite amazing.

S: Yes. So I remember that really well, and other people do, too. They remember seeing Dale bring the baby to that meeting.

F: Are there things that you felt were major contributions that you made while you were on the board?

S: Well, I was thinking about this. I wasn't a person who said a lot at a board meeting. I took a lot in, and I would say something when I felt it was important to say it. Others would kind of think out loud. I did not do that. But I always felt like when I did speak, people would listen, and that they respected what I had to say. Maybe my contribution was that I reflected a lot, and then I was able, I think, to bring things to the attention of the group that mattered, that maybe members were thinking about it. I tried, really, to look at it from a member perspective. And I'm not sure that everybody always did; it's hard to do. I don't know that there was one specific contribution, other than being chair of Chapter Council is huge.

F: Yes, that was at that time, for sure.

S: It's a big job, and you're trying to bring this disparate group of people together and look at issues that are important, without the ease of communication. I think that was a contribution. But probably just my contributions during conversations and discussions at the board, I felt, were usually relevant and helpful.

F: You've had a really rich career with multiple roles in different areas, and you've often had to jump into new areas and figure things out for yourself from the very beginning, starting with your experience as a library associate at NLM. Should MLA and perhaps AAHSL consider strengthening skills in certain areas as they continue to bolster their leadership development programs?

S: I've been most involved in the [NLM/]AAHSL Leadership Fellows Program. I think that it's always changing. They're always looking at what's the next thing we ought to be talking about. I think that it does already do a lot of reflection and change to fit a particular time.

But I think being a leader doesn't change over time. Being a leader means bringing people together who have expertise, who have the ability to move in new directions. You have to be able to hire and recruit and motivate those people. And no matter what the next future thing is, that's what leadership is all about. So I'm not sure that leadership skills themselves change dramatically.

F: It's just what we focus on with those skills.

S: Right, exactly.

F: MLA members chose to award you the Eliot Prize, and they've honored your achievements over the years, including naming you as a Fellow in 2005, inviting you to give the Janet Doe Lecture in [2017], and bestowing both the Estelle Brodman [Award for the Academic Medical Librarian of the Year] and the [Hospital Libraries Section] Professional Recognition Award to you. How has the designation as a Fellow had an impact on you?

S: I think it's mostly that the people who are part of that Fellow group are the people who have been leaders in our profession, and getting together with them once a year—it's not sobering, but it's meaningful. You look around the room and you think, wow, this is a powerful group of people here. This is a group of people that I'm proud to be part of.

F: Talented people who made major contributions over time.

I thought it was interesting that when we first started our conversation this morning, you mentioned growing up in Pennsylvania and the quality of interaction with people as something that was very important. And you clearly focused on that theme for your Doe

lecture this past year. And you talked about that in the context of organizational behavior and how we all work as animals within organizations. You incorporated many of the aspects of a transformational multiday mindfulness retreat that you participated in. Tell me about your decision to choose kindness and organizational behavior and the preparation that you did for the lecture.

S: When I got the letter about the Janet Doe Lecture—which is a pretty jarring moment—I decided I wanted to do something about management and leadership, because that’s what I really care about the most. I’m not a person who said I became a librarian because I read all the time. I do read, but that’s not why I did it. I felt like I could do it, and it was technology-oriented—[it was] my technology orientation that made me want to get into it.

But then M. J. [Tooey] did her previous Janet Doe Lecture on management, and I thought, shoot, what am I going to do now? I decided I would focus in even more on the aspect of management that mattered the most to me, and that was—

F: Kindness... So, the Doe lecture focused on kindness within the organization.

S: It feels to me like when you’re a leader, when you’re a manager, the most important thing you can do is to get the people who work for you to feel good about their jobs, to feel like they want to come to work every day, because if they do that, they’re going to do a much better job for you; they’re going to be excited about what they do. And you can’t do that in an environment—people are not going to be that way in an environment that is stressful, that is negative, and that doesn’t have a human touch associated with it.

F: Especially a service organization like a library.

S: Or, the medical field, and that is part of what I focused on in the beginning of my lecture: that whole relationship between the doctor and patient and how that can be best if there is caring that is associated with it. The mindfulness part comes in because there are many physicians at this point who are saying, if I am more mindful of how I interact with my patients, if I am able to be in a calm place, in a thoughtful place, about myself, I can do better with my patients. That’s something that’s happening all over the country, and the world, in fact, right now—is that caregivers are saying, I need to do more of this; I need to be more thoughtful about my interactions; and also, understand myself a little bit better.

F: I thought it was very interesting when I was at the University of Colorado, the school of nursing initiated a nursing doctorate degree. And the dean, at the same time, was starting what she called a focus on the science of caring. And she said very directly, which I thought had a lot of chutzpah, that the graduates of that nursing doctorate program would have the same background and skills as the MDs, but they would care about their patients.

S: [Laughter] Oh, that’s great!

F: I thought, wow, that says a lot about patient care within our institutions.

S: Yes, it does. And that's why I have always been so interested in the fact that Rochester is well known for its biopsychosocial approach, where it's not just the physical; it's also the social and the psychological that people are looking at. I don't know that everybody is always successful at it, but it is an important piece of the education that the people at the University of Rochester School of Medicine get.

So that retreat just brought me to a different place: here are all these caregivers sitting together, talking about how they care about their patients. It was eye-opening for me to know that they did. I had a few physicians that I thought cared about me, I hoped, but I didn't know that they go home and think about us so much. At least this group that I was with do.

F: And it's heartening to know that there are people who, in their very, very busy professional lives, will make time to do a multiday retreat like that.

S: Yes. It was really important to every single person that was there. They came for a reason. And I was blown away by it.

F: While most Doe lecturers enjoy the honor—once the lecture is behind them—it's often a challenging assignment well beyond the bounds of library practitioners, in particular. I think sometimes it's a little easier for the educators amongst our colleagues. Was it an easy task for you, given your extensive presentations and publishing background?

S: No, not at all easy. But as I said in my lecture, the reason that I could do it was that I cared about the topic. Lucretia had told me, "You've got to make sure that it's a topic you care about. And if it is, you'll want to do it." And that was the case; it was a topic I cared about. So every bit of research was interesting. Every book I read was interesting to me, and I devoured it. Was it easy to get accomplished? No.

Now, what did help was that my institution gave me a little bit of time off in January of that year, and then I ended up retiring in April. I had a good month right before the lecture. It was all written by then, but I didn't have all my slides done before that. I got my slides done, and I was able to have time, good time, to practice, to feel comfortable, to go over it and over it and over it.

F: Becomes a significant part of your life for a certain time.

S: It wasn't easy. It was somewhat enjoyable, however.

F: Again, because you chose a topic that was important to you and that is rewarding to focus on. I thought it was really interesting, too—thank you again for sending me the link so that I could watch the lecture, since I wasn't able to be at the meeting—you pulled

the audience into active participation and reflection twice during the lecture, which I found fascinating, because it's a little risky with a large audience like that. How do you do that and do it successfully? But it reaches your audience on a different level. Tell me a little bit—

S: Why did I do that?

F: Yes, and how did you decide how to do that?

S: Well, in addition to researching my topic, I also did a lot of research and reading on how to give a good lecture. I've given presentations; I've given fifteen- and twenty-minute presentations. But I've never given an hour-long lecture [laughter]—to that many people. It was one of those things where, maybe there are things about doing this that I can read that will help me. And one of the major points that I got from some of this reading—I mean, I took a couple of online courses on doing presentations—

F: You researched it well.

S: I did. One of the main things they said was, people can't sit and listen that long without having some kind of break. And although my breaks were close to the beginning and at the end, I think it was maybe just enough to—I wish I had had maybe one more, but I couldn't think of what that would be, so I gave it up. But it was just enough to make them feel like they should listen, that maybe there was something pretty important that we were going to talk about, because I gave them a chance to talk to each other. So it really was very deliberate. It was, I can't just stand there and talk for that whole time. And it seemed to work.

F: Oh, I thought it worked very well, and I thought it was a smart idea, because for those of us who are not educators who aren't used to teaching a forty-five- to sixty-minute class all the time, to stand there and talk, it's daunting. And not physically comfortable, either.

S: Although—and you've gone through this; you know what it's like. I was petrified beforehand. I thought, oh, my gosh, how am I going to do this? But it's like anything—once you get started, it's not so bad, even though a fly appeared in my hair. I don't know if you noticed that.

F: I didn't notice that. I was focused on what you had to say, as I'm sure most people were.

Well, I commented earlier about the various awards and recognition that you've received from MLA. What did those numerous awards mean to you?

S: Obviously it's recognition for hard work, for maybe a job well done here or there, for leadership, for doing what I enjoy doing. Having that recognition was fulfilling. It made me feel good. I have very clear memories of awards luncheons, where I received some of those awards, and feeling proud that I was in that situation. There are these thousands of

people who get to recognize that you've done something for the profession, and that's pretty...

F: Along with your contributions to MLA, you've been deeply involved with AAHSL, including service as president from 2008 to 2009. Which of your committee and other assignments did you enjoy most with AAHSL?

S: Definitely the Leadership Fellows Program. That was at the end of my career, but it was for five or more years. I just really enjoyed being a mentor to both of my fellows. I had Tania Bardyn, who's now at the University of Washington, and Stephanie Kerns, from Oregon. It's an experience that helps you learn about yourself, how you feel about your own leadership, because you have to do a lot of self-reflection and be able to talk about how you do your own work with that person, because they're there with you for two weeks.

F: And why you spend time in some areas and not others.

S: Yes. You have to figure out why you do what you do. And there were times during my mentor years that I questioned what I was spending my time on sometimes, because there would be a realization during the discussion that, well, maybe that's not as important as I thought it was; maybe this other thing is. So I learned about myself, and then I think I was able to help those people to think about what's important in leadership for themselves, because it's different for everybody. I just loved being part of that whole process, not just as a mentor, but also being on the committee.

F: Yes, planning and overseeing it.

S: Yes, planning it, planning the curriculum, working with selection of the AAHSL fellows. That was just fun.

F: Yes, it is. I think one of the things people don't anticipate in being a mentor is how much reflection you actually end up having to do to help someone else think about leadership and running a library.

S: You're not telling them what to do. It's not advising. It's having them figure out what's important to them, but in the process you figure out what's important to you and you have that kind of deep conversation.

F: I wondered if there is some way to tap that reflective process and what comes out of it, because the program focuses on the protégée, but there is some interesting self-reflection and insights, I think, that come out of having to think through what you do.

S: I believe that once you agree to be a mentor, you get to discuss that a bit. There's an orientation for the new mentors, and mentors who have already gone through the process have an opportunity at that point to discuss with the new mentors those kinds of issues. But it might be helpful to have that be a more generally accessible conversation so that

people would choose to be a mentor. I actually think there are so many people who have agreed to be a mentor that I don't know they're hurting for new mentors at this point. But, yes, it is an experience that really is not like any other. It's totally different than mentoring somebody in your own institution.

F: Yes, very much different. I think there is also an interesting element of giving back. At certain stages in our careers, I think we have those opportunities to help others as we were helped along the way.

S: Absolutely. I think about how much I have been helped by Lucretia. It is nice to feel that I was able to make some kind of a difference with somebody else. Maybe I didn't make a difference, but I helped them make a difference for themselves.

F: And I think it's also been one of the really tangible contributions that AAHSL brings forward.

AAHSL was controversial when it was begun. People didn't understand why there might need to be something outside of MLA. But I think that annual statistics [*Annual Statistics of Medical School Libraries in the United States and Canada*] and the Leadership [Fellows] Program and some other things are significant contributions that couldn't have happened otherwise.

S: Yes. Definitely leadership development, statistics. The networking. Yes, you can network at MLA, too, with that same group, but I think it's harder. At AAHSL, it's the group that you have the most in common with. It's right there.

And you also get to network with people in your institution who are at these meetings. That's the other piece of networking that is important, I think, in the AAHSL leadership [program]. Actually, it's not happening much these days, because we're not attending the AAMC [Association of American Medical Colleges] meetings anymore, necessarily. It's not during the AAMC meetings; it's prior to [them]. That's too bad.

F: It is too bad. On the other hand, it is what it is. There isn't much choice about that for AAHSL, unfortunately.

Well, as we wrap up service and think about lunch, is there anything else you'd like to say about the Rochester Regional Library Council or UNYOC or any other part of the profession?

S: The Rochester Regional Library Council I haven't said a lot about, but it has been a big part of my career here in Rochester. I've been on the Advisory [Committee]; I've done the MIRACLEnet thing. There was also a CLIC-on-Health project that I was very involved in, and that's during the time that we were trying to get consumer health resources pulled together within a region.... CLIC-on-Health was our [MedlinePlus] Go Local. Again, that's something that died, and it was important at one point and now it isn't. But everything that the Rochester Regional Library Council did was focused on,

really, helping every library in the whole region, helping medical libraries, smaller ones, larger ones, here in Rochester.

The person who was the most important individual in Rochester Regional Library Council just retired about three weeks ago. Her name is Kathy Miller. I worked with her on every single project that I did in the Rochester region. And she was, and she is, absolutely amazing. She always had the good idea. She's a worker. She is somebody that will stay up until 2:00 a.m., if you're working on a MIRACLEnet something or other, with you to make sure it gets done on time. She was very influential here in Rochester.

It was a way to get to know other librarians that you would never get to know otherwise.

F: And sometimes that's something that we don't anticipate but that I have found in my career. It's actually fun and educational to talk to people who don't have a thing to do with medical librarianship.

S: That's right. They don't understand us, either, and I'm sure we don't understand aspects of their jobs; it's a way to help them do that, and vice versa.

F: Because they all think we're rich [laughter].

S: I know. If only they knew. We tried to tell them.

F: All right. I think it might be time for lunch.

[WAV File #2]

F: This is a continuation of an interview with Julia Sollenberger on December 5 in Rochester, New York. When we stopped, we were talking about the Rochester Regional Library Council and professional activities. Throughout your career, you've been involved with NLM programs and staff in different capacities. Talk to me a little bit about your perspective on NLM's role in the profession.

S: It's hard to say anything but wonderful things in my mind about NLM. Their role for us as medical librarians is enormous, because they provide the tools and directions that we can go in. They give us grants. They have the National Network of Libraries of Medicine that helps us to do projects that we would never be able to do otherwise. I can't say enough good things about NLM, actually.

Having worked there for three years, I never—well, I shouldn't say that. I was about to say I never had a job I enjoyed so much, but it's almost true. I loved being a director, yes, but those first three years at NLM were just so filled with smart people, exciting projects, and caring about the profession. They really wanted to help us do a better job of getting information to the medical community.

And I don't think they ever really wavered from that. Certainly, they had Betsy Humphreys at a leadership level for all of those years, and I think that she really added an insight that most people don't have. I'm sorry that she's gone—although I'm happy for her—but I think she really was something that held that place together for such a long time.

F: Betsy and her longevity certainly was a long tenure of stability.

S: And innovation.

F: Truly.

S: She'd get in there and make things happen, so I can't say enough good things about her.

F: And Betsy enabled a lot of things to happen elsewhere, like the AAHSL leadership development program.

S: Exactly. I think she understood what leadership was all about and she wanted NLM to be able to support that in any way possible, and as I said before, innovation—that's what all the grants, I think, are about; innovating, trying something new that you wouldn't otherwise be able to do.

F: And you and I have been fortunate, too, in that there are a lot of good people at NLM that we were able to interact with over the years, from your first phone interview with Sheldon [Kotzin].

S: That's right. Sheldon and Sally Sinn. Dan Tonkery was there when I was there. He was the head of technical services. You know Dan.

F: Yes.

S: Joe Leiter was there when I was there. He terrified me and he also encouraged me, all at the same time. He was quite a guy.

F: He was quite a guy.

S: I would be panicking when I'd have to talk to him about a project or something, and yet when it actually was happening, he was always helpful and had good ideas.

F: A lot of good people.

S: Yes.

F: And NLM has clearly provided a rich array of tools and services that have supported the advancement of medical libraries and the quality and the effectiveness of the services

they offer to their users. Still, NLM is sometimes described as a bureaucracy that is driven by the peculiar politics of Washington. How do you assess any drawbacks that NLM brings to the table?

S: I'm not sure that I can come up with anything. I really feel like they accomplished a great deal despite the bureaucracy; that the people at the top had known how to get things accomplished even though the money wasn't quite always there from one year to the next. They know how to get advocates. MLA and AAHSL are their advocates. And I just think that they know what to do to get things accomplished. From my perspective, I don't see them being driven so much by the politics. I'm sure they are, to an extent, but from out in the field, it doesn't feel that way to me.

F: And in some ways, we're insulated. We don't know what the machinations are within [the National Institutes of Health] to get the money.

S: But they seem to always be able to move forward.

F: Yes. And I think they're a really good role model for any medical library in terms of mustering your resources and focusing in on what's important and accomplishing things.

S: I have nothing but praise for them. Obviously, there are places that I wished they had done some things a little different, but overall, where would we be without them?

F: Very, very true.

Turning to research, you've also made time to conduct significant research that has had direct impact and benefit for MLA members and their libraries. Tell me first about the collaborative Rochester study that was conducted in [1990-1991].

S: New York State had, for many years, a requirement in their regulations that hospitals had to have a library. In the late '80s, early '90s, that requirement was taken away. So there were hospitals that were closing their libraries in New York State. [Editor's note: A change in federal regulation passed in 1986 by the Health Care Financing Administration eliminated the requirement that hospitals maintain a library to be eligible for Medicaid and Medicare funding. New York State determined it could not maintain a standard higher than the federal government's, and effective in 1988 it also removed the library requirement.]

Some of us in the Rochester region—Lucretia, Kathy Miller, who I spoke about before, from the Rochester Regional Library Council, Bernie Todd Smith at Rochester General Hospital, and I—said, you know what? We have to do something to show the value of hospital libraries, specifically in patient care, because that's what we were worried about, those hospital libraries.

Kathy Miller got money from the state through the various places she could get resources from the state, and said, "Let's do a study." We brought Joanne Marshall in, because

Joanne had done some value studies in other ways, some special libraries value, and we just got started. We had the money to do it. June Glaser [Eastman Dental Center] was also part of this. We worked on the methodology. Joanne was the primary mover of that because she was a real researcher, but we helped in lots of ways just to make it work.

Librarians went to specific practitioners—clinicians in their [institutions]; it was done on a randomized choice [basis]—and we said, “Please, will you be part of this.” We asked them to bring a search [related to a current clinical case] to a librarian and to have us do the search and then asked about the value of that search to their patients. It was very specific. The librarian did the searches. It was a small group. I can’t think how many searches were done right now. But it was really the first [study] of its kind to try to show the value of information, and libraries in particular, to patient care. Not to education, not to research, but to patient care.

And, yes, there were a lot of people who criticized it and said that there were weaknesses, based upon the fact that people were asked by the librarian to do this and that the clinicians might have been more likely to give positive feedback. So there was that part of it.

F: Potential bias.

S: Right. But it’s been cited and cited and cited and cited, because it really was the first of its kind. And it looked not only at the value to the patient and the care of the patient, but was the information accurate? Did it help you in your decision making? Did it avoid adverse events? It was pretty far-reaching, but it was all self-reported by the clinicians, so that is one of the weaknesses.

It was fun to do; we enjoyed it. We were excited about being able to publish it. Joanne was the author, but the rest of us were very involved in the process. [Editor’s note: Results of the study were reported in Marshall JG. The impact of the hospital library on clinical decision making: the Rochester study. *Bull Med Libr Assoc* 1992 Apr;80(2):169-178.]

F: And as you say, it was one of the benchmark studies to be done. Highly cited and got a lot of attention at the time it came out.

S: It was called the Rochester study. So, it felt good to be a part of that process.

F: And then from 2007 to 2012, you participated in similar research on the value that libraries add for their users [editor’s note: Value of Library and Information Services in Patient Care Study, or the Value Study].

S: That’s right. This was different, though. It was beyond librarian searching, so it had to be updated for the time. And the time was that users did their own searching, for the most part. Obviously, librarians still search. But for the most part, people are getting to the resources that we provide, the electronic resources. We had to think, if we were

going to use a similar set of questions about the value—which we wanted to do as a contrast/comparison with the earlier study—we had to figure out ways to bring in the fact that people were doing this on their own with resources that we provided. In the beginning, that was the dilemma we were trying to solve: how do we do this.

For quite a few years, we worked on this. It originated at the National Network of Libraries of Medicine for the Middle Atlantic Region. It was our idea to do this, because Rochester had been part of the beginning of the first study, so we thought, well, let's do it here again. It was Kathel Dunn, Lynn Kasner Morgan, and I. Barbara Epstein was involved in some of the early discussions. And someone from a hospital library named Sharon Easterby-Gannett, she was very involved in the whole thing and was quite useful to have as part of the group. We went to Joanne and said, "Are you interested?" She of course said, "Yes." We had to find money. We really worked hard to find money for this one.

F: I was about to ask you about the funding.

S: Yes. The funding started out coming from the Middle Atlantic Region, but it wasn't enough. So we ended up going to MLA to the Hospital Libraries Section; we went to chapters. We tried to find any source of funding that we could. And in the end, we did; we found enough. We had to advertise it and say, "Please, we need funding to do a good job of this study." We figured out how much it would cost us and we weren't there yet, so we had to keep scraping to try to find more.

But we finally did, and we decided on a methodology, and that was going to be, first, some focus groups of [librarians who had previously interviewed their] hospital administrators, so that's what we started with so we could get a sense of what would matter to them. And we got a good sense of that.

We went on to develop the survey, and it was an electronic survey, email-based, that we sent to over 170,000 people. It was actually 56 library sites that ended up doing it, and it was from every region. We were going to start out with just the Middle Atlantic Region, and others asked if they could be involved. We decided that it could be as big as we wanted it to be. We had the money to get all of it together, and the analysis wasn't going to be that different if there were more, and more would be better.

F: Sure. You'd have more data, more reliability.

S: Right. So we had 56 library sites that served 118 different hospitals, and all of the National Network of Libraries of Medicine regions but one participated to some extent. It made a huge difference, I think, because there were so many responses—over 16,000.

F: Wow. Even though you sent out as many as you did, that's a lot to analyze.

S: We did. It's 10%, and 10% isn't great. But when you're talking these numbers, 16,000 is huge. So we were excited about that, and we felt that the results were about as valid as they could be. Again, it was self-reported.

We used a critical incident technique, which means that we asked them, "Think of a time when you used some kind of information resource to answer a question related to patient care. Think of a specific time." We even asked them questions about, was it a diagnosis thing, was it a therapy thing, so that they would keep that in mind as they were answering.

And the results were quite stunning, actually. Eighty-five percent of them said that getting that information saved them time.

F: That's a huge percentage.

S: It's huge. And in fact, the average amount of time saved was two-and-a-half hours. Three-quarters of them handled some aspect of the patient care differently as a result of having that information. There were different levels of percentages as far as—not all of them said it helped them avoid an adverse event, but the numbers were sufficient to feel like we had done a great job of showing that the value of libraries was large.

It was followed up, then, by some interviews. There were about twenty-five interviews at the end—phone interviews—where we asked more specific questions about the relationship with that person and the library. We found out that they didn't always go to a librarian; they didn't always think about the library when they were doing it. But they knew that the library was there if they needed help, so that came across.

The other thing that came across was that none of them thought about the contribution that the library made to organizing, paying for, and making accessible those resources. I don't know how they think they show up, that everything is free on the Internet. They were very much into, we do well in teaching, we do well in searching, we do well in all these things, but they never thought about how we are actually the ones that make sure they can get to that stuff.

F: A frequent problem.

S: Yes, it is, but it came out loud and clear in those interviews.

F: Other than the value of actually doing the research, having the data, and being able to present both of these as fundamental proof of the value and how the library impacts patient care, were there other outcomes from doing the studies? I would think one of the outcomes is, I think it helps strengthen MLA's resolve to do more research.

S: I think that is true. And certainly, they are continuing to have that as a priority. Especially, this was community-based, participatory research, which means that the researchers and the practitioners—us librarians—were equal partners. Joanne and her

team and those of us out in the field were equal partners in determining how this should happen. I think that that helps those of us out in the field to be involved in research in a way that we might not be able to otherwise. If you have somebody whose job it is to do research, and then you pair them with people in the libraries, that can benefit everyone.

F: And I think also, somewhat similar to what we were saying earlier, I think there's the benefit within your institution of being recognized as a co-researcher.

S: Absolutely. It certainly was a benefit for me and for our library in my institution. We were one of the pilot sites, and so I was, early on, able to give them the results from our institution, related to the results from all those pilot sites. And it made them realize new things about the library. It really did. It was pretty impressive.

After the research was completed, one of the things that I ended up doing quite a bit was going and talking with librarians. I went to New England; I went to New York-New Jersey. I went to various places, because they wanted to know, how do you use these results. We talked about ways to use the results within your own institution—how to present them, how to get PR involved in understanding that they were a site in this big study, and that the results showed this about the library. So, yes, that was almost the biggest thing we did, go out and try to help librarians figure out how to use what we found.

F: Because you talked about the Rochester context and the change in New York State law about the requirement for hospital libraries...but it seems to me, at the same time there was a national issue that libraries were under the gun.

S: I think that New York was one of the first places where that happened. I think it then went on to go to other [locations].

F: So these studies became important ammunition [on behalf] of MLA.

S: Right, I would say so. Now, one more thing that happened was that we published a viewpoint article in *JAMA*. I worked with the chair of neurology in my institution [Robert Holloway], who is a good friend and colleague and believes in libraries and had had a clinical librarian for his department for a while. He agreed to do this with me, so he and I worked on this article for *JAMA*. And I think that was a real win. There are many, many librarians who used that article, or people from their institution would come down to the library and say, "Did you read this?" I got a lot of stories from people—I encouraged people to give me their stories—related not only to the Value Study, but then the subsequent *JAMA* article. To get something in *JAMA* like that was a big deal.

F: Oh, absolutely. To get that kind of visibility is amazing. Well, before we wind up our interview, is there anything you want to talk about that we haven't covered as far as your career or activities with MLA or with the profession at large?

S: I should probably have something that I want to say right now, but I'm not sure.

F: If something comes to mind before we're done, bring it up. But moving to some very broad final questions, then, who are the people that you feel most influenced your life and career?

S: There's no doubt that the biggest influence was Lucretia. She gave me that job and she encouraged me to be part of the profession, to be active. She was a marvelous role model as a leader in our own institution and in the profession. I just can't say enough about that.

F: And what a rare opportunity to have a relationship with someone like Lucretia.

S: No kidding. I mentioned Sally Sinn at NLM. She made my early years valuable to me.

F: Sally was so knowledgeable and such a pleasure to work with, such a lovely person. How could you not have a great time working with her?

S: Talk about kindness, that's Sally Sinn. Betsy Humphreys—I mentioned her—she made a big impression on me.

My two great colleague friends, Mary Ryan and Jacque Doyle, influenced me a lot. They were both caring about a lot of the same things that I was at the time, so we would have discussions. "How do you do that? How do you do it?" They were encouraging. They were just good friends, and still are.

F: And both very reflective about what was important to them, what was important for the library, how do you work well within your institution.

S: Yes. We would have late-night discussions on those things. I mentioned Kathy Miller. She's another person that has influenced me from this regional area.

Donna Berryman: Now, she's only been in the last eight to ten years, but she is someone who, though she worked for me, I learned a lot from. I learned a great deal from her. She is very good at presentations, she's funny. Watching her helped me in some ways do a better presentation in other instances. She's so good with people. People love working for her. She's just encouraging. I hoped that I helped with all of that. She was the kind of person that I wanted working for me and managing others, because she has that sense of caring and kindness—that kind of thing. She influenced me, and I think I influenced her.

My boss, Peter Robinson, who was the COO of the Medical Center—still is. He was someone who let me do my job. He didn't interfere. He was there when I needed him. He, for most of my career, had influence and could help me through political mazes. He was not a micromanager. He was there to help when I needed it; otherwise, I could just do it.

F: It sounds like he had faith and trust in you and the library to do what—

S: Well, I think he did, yes. There wasn't any reason for him not to, because I think he kept getting positive feedback from the community. But a lot of people try to have too tight a hold. He did not, and I appreciated that.

F: Overall, how would you like to be remembered by the library community, and what do you consider your most important contributions?

S: Well, I thought about this long and hard.

F: It's a hard question, I know.

S: It really is. I guess I'm hoping that people remember my collaborative approach, my sort of chain-building approach. I never felt that I had the answer. I always wanted to get the viewpoints of everybody around me who were better at those things than I was. So it was valuing the people that worked for and with me, and with me in the professional realm as well.

Everybody at a table at a board meeting had a different perspective, and I'd want to hear that. I wouldn't have the answer and never did, but together we could come up with something. So, I guess that's probably it. And it probably goes a little bit into the kindness thing that I did in the Janet Doe Lecture, too. I want to be remembered as someone who was helpful and kind.

F: And as you think about that and what you said earlier about investing in the people who worked for you, are there people who come to mind, like Donna Berryman, who you think you had direct influence on?

S: I do. Besides Donna, there's a guy named Mike Bell. He probably worked at the library for almost twenty years, but he started out without even having an undergraduate degree. He was in IT. Smart as a whip. Very good, but in a kind of low position in the IT department. He is now the—or one of the—associate directors—he's an associate director for technology and administration at Yale, at the overall libraries at Yale. He worked for me for a long time, and during that time he got his bachelor's, his executive MBA, and his master's in library science. Then he moved and worked over at the River Campus part-time and at our place part-time, the main campus at U of R. And then he went to Yale. So he's the kind of person that is a success story. He got there, I think, because he's smart, and I also think because I encouraged him to do all those things, and I helped him, and I gave him kudos. It was that kind of "You can do it, Mike" thing.

F: That kept him moving ahead.

S: Yes, kept him moving. It really did. And he enjoyed the organizational structure that we had and the way we worked together and, "I can do that, too." So, Mike Bell is one.

Actually, there's another IT person, Steve Clary, who now is the head of IT at the Simon School, which is the business school at the U of R. He worked for me for about fifteen years, and he also got his executive MBA while he was working at the library and just was a joy. So, people like that.

Tania Bardyn at University of Washington—I feel like we had a really good relationship and I learned a lot from her, and I think she learned from me.

F: She certainly has gone on to be very successful at Washington.

S: Absolutely. Stephanie Kerns, my second fellow, I think, is really working hard to find her place and determine her next steps.

And then there was one more. A person who worked at our circulation department, Rachel Gyore, who ended up going to library school in Buffalo while she was working for us, then became an NLM associate. I was, I think, influential in her getting that position. And she has worked at Arkansas Medical Sciences; she's worked at Kansas. I think that she is somebody that wouldn't have, without encouragement and without help, and I was able to provide that.

F: From all those interactions with people throughout your career, any advice you would give someone new to the field, either new librarians or those who are still in their careers?

S: Well, my advice is always all about the people. There are technical things we need to know, clearly. That's changing constantly; we have to keep up. There are library-based things we need to know. You need to understand information and resources and electronic journals and everything. But you don't get any of that done if you don't have people who enjoy their job. Keep your people happy. Work collaboratively with those people, with your colleagues. They're not trying to undercut you. You just need to work together to bring all of you up. So I guess that's my advice: it's all about the people.

F: It is all about the people. The people are what make the library a service organization.

S: But it's more than a service organization, in my mind; it's an organization that wants to work together for a goal, whatever that goal is. It might be service; it might be technology; it might be whatever. But it's helping one another to achieve in whatever way.

F: And I think in your career you've been a really wonderful model for that.

S: I have tried [laughter].

F: And succeeded. Well, this concludes the interview with Julia Sollenberger on December 5, 2017. Julie, thank you again for sharing your insights, for hosting our conversation, and for making time.

S: Thank you. It's been a pleasure.

F: Yes, it has been a pleasure.

Index

A

ACRL/Harvard Leadership Institute for
Academic Librarians, 3,4
Association of Academic Health
Sciences Libraries (AAHSL), 17
Annual statistics, 25
NLM/AAHSL Leadership Fellows
Program, 20,24-25,27
Presidency, 24
Support for NLM, 28
Value, 25
Association of American Medical
Colleges (AAMC), 17
Awards, 20,23-24

B

Bardyn, Tania P., 24,35
Bell, Michael, 34
Berryman, Donna R., 33,34
Bibliographic Retrieval Systems (BRS),
10-11
Blackboard Learning Management
System, 12-13

C

Career decisions, 1-2,7-8,9,12
CATLINE, 6-7
Chretien, Margaret, 8-9
Church of the Brethren, 1
Clary, Steven, 35

D

Doyle, Jacqueline D., 17,18,33
Dunn, Kathel, 30

E

Easterby-Gannett, Sharon, 30
Education, graduate, 2-3,4-5
Education, undergraduate, 1

Electronic health records, 10,14
End-user searching, 29,31
Epstein, Barbara A., 30

F

Family, 1-2,15,19
Florance, Valerie, 9-10,12
Forsman, Rick B., 8,16,21,22-23
Funk, Carla J., 17-18

G

Gardner, Trudy A., 17
Glaser, June, 29
Gulick, Luther, 4-5
Gyore, Rachel A., 35

H

Holloway, Jr., Robert G., 32
Hospital libraries, 2,10-11
Closures of, 28
Requirement for, 28,32
Value of, 28-32
Humphreys, Betsy L., 7,27,33

I

Indiana University, Bloomington
Lilly Library, 3
School of Information and Library
Science, 2-3,4-5
Influence and contributions, 19,34-35
Integrated Academic Information
Management Systems (IAIMS), 9,12

J

JAMA article, 32

K

Kerns, Stephanie C., 24,35

Kindness, 1,21,33,34
Kotzin, Sheldon, 2,27

L

Lancaster Co. (PA), 1,20
Leadership, 20,21,24,35
Leadership and management, interest in, 4,8,21
Leiter, Joseph, 27
Librarians, advice for, 35
Librarianship, selection as career, 1-2
Library school education, 2-3,4-5
Library services, impact on clinical care, 28-32
Lyders, Richard A., 18

M

McClure, Lucretia W., 8,9,16,18,19,22,25,28,33
Management, interest in. *See* Leadership and management, interest in
Manchester College, 1
Marshall, Joanne G., 28-32
Medical librarianship, interest in, 2
Medical Library Association (MLA)
 Board of Directors, 17-19
 Chapter Council, 17,18-20
 Continuing Education Committee, 17
 Dues increase, 18
 Estelle Brodman Award, 20
 Executive directors, 17-18
 Fellows, 20
 Hospital libraries, funding of research on, 30
 Hospital Libraries Section, 30
 Professional Recognition Award, 20
 Ida and George Eliot Prize, 20
 Janet Doe Lectureship, 16,20-23
 Nominating Committee, 17
 Strategic planning, 18
 Support for NLM, 28
Medical Library Association annual meetings, 17

Chicago, 1978, 15-16
Philadelphia, 1998, 16
Value of, 15-16
Medical Subject Headings (MeSH), 5
MEDLARS training, 5,7
MEDLINE searching, 5,8-9,10-11
MedlinePlus Go Local, 25
Mentoring, 24-25
Mentors, 7,33
Miller, Kathleen M., 26,28,33
Morgan, Lynn Kasner, 30
Morris, Betsy, 11

N

National Library of Medicine (NLM)
 Associate Fellowship Program, 2-3,5-6,7,8,15,20,35
 Cataloging records, retrospective conversion of, 5-7
 NLM/AAHSL Leadership Fellows Program, 20,24-25,27
 Systems position, 6-7
 Value to profession, 26-28
 Woods Hole Biomedical Informatics Course, 3-4
National Network of Libraries of Medicine (NNLM), 26,30
 Middle Atlantic Region, 30

O

OCLC, 3,6

P

Palmer, Raymond A., 17-18
Parents, 1
POSDCORB, 4-5
Professional involvement, value of, 15-17,26

R

Reid, Carolyn Anne, 18

Research

Collaboration of practitioners and
researchers, 29,31-32

Importance of, 28-29,31-32

Retirement, 15

Retrospective Data Entry System
(RDES), 6

Robinson, Peter G., 4,33-34

Rochester libraries, cooperation of, 10-
11,25-26,28-29

Rochester (NY) General Hospital, 11,28

Rochester Regional Library Council,
10,25-26

CLIC-on-Health, 25

MIRACLEnet, 10-11,25,26

Rochester study, 28-29

See also Value Study

Roper, Fred W., 17,18

Ryan, Mary L., 3,17,18,33

S

Sinn, Sally K., 7,27,33

Smith, Bernie Todd, 11,28

Sollenberger, Dale, 1-2,8,15,19

T

Teaching mathematics, 1-2,9

Technology, interest in, 3-4,6,21

Tonkery, Dan, 27

Tooe, Mary Joan (M. J.), 21

Traditi, Lisa K., 3

U

University of Colorado

College of Nursing, 21

University of Rochester Medical Center

Committees, 14

Edward G. Miner Library

Hospital libraries, access for, 10-
11

IAIMS planning grant, 9,12

Interaction with campus, 9-10,11-
12

Interest in, 7-8

Library role, 10-14,32

Positions held, 7-10

Student computing services, 12-14

Web services, 10-13

Medical Center Leadership Team, 14-
15

School of Medicine and Dentistry

Biopsychosocial philosophy, 22

Upstate New York and Ontario Chapter
(UNYOC), 16,17

V

Value Study

Benefits, 31-32

Follow-up, 32

Funding, 30

Methodology, 29-31

See also Rochester study

Team, 30

W

Weise, Frieda O., 18

White, Herbert S., 2-3

Y

Yokote, Gail A., 18

Z

Zenan, Joan S., 18

JULIA F. SOLLENBERGER

*Director Emerita
Edward G. Miner Library
University of Rochester Medical Center*

CURRICULUM VITAE

POSITIONS HELD

Medical Center Libraries and Technologies. University of Rochester Medical Center (URMC). Rochester, New York.

DIRECTOR EMERITA, 2017-present.

ASSOCIATE VICE PRESIDENT AND DIRECTOR, 2009-2017.

Direct the resources, programs and services of the Edward G. Miner Library, as well as three branch libraries (at Golisano Children's Hospital, Highland Hospital, and Eastman Institute of Oral Health), and URMC Online Learning. Includes student computing services for the School of Medicine.

Health Science Libraries and Technologies. University of Rochester Medical Center (URMC). Rochester, New York.

DIRECTOR. 1998-2009

Direct and coordinate the resources, programs and services that support (1) the knowledge-based information needs of the education, research and clinical enterprises at the Medical Center; (2) the instructional computing needs of students in the School of Medicine; and (3) the online learning programs in the Medical Center.

Edward G. Miner Library, University of Rochester Medical Center (URMC). Rochester, New York.

DEPUTY DIRECTOR. 1997- 1998.

Responsible for administering all aspects of Library operations, including programs, services and outreach activities. Manage the staff (30 FTE), plan and evaluate the programs and services, and prepare and monitor the budget and expenditures of the Library. Coordinate all Digital Library initiatives. Serve as Leader of MIRACLEnet team, community project to share database access across all hospitals in Rochester. Implemented Medical Center web development services, and web-based curriculum services for the School of Medicine.

ASSISTANT DIRECTOR. 1994-1997.

Coordinated Library planning and reporting activities. Worked with Director to develop and evaluate personnel and service policies and programs, as well as financial plans. Prepared budget and cost allocation documents. Served as **IAIMS Project Coordinator** (1994-96). Lead implementation teams.

ASSISTANT DIRECTOR FOR PUBLIC AND COMPUTING SERVICES. 1992-1994.

Responsible for policy and program development and operations of all public and computing services of the Library. Managed a staff of 7 professional librarians and 13 clerical assistants, plus students.

HEAD OF PUBLIC SERVICES. 1984-1992.

Responsible for overall management of public service areas of Library, including Information Services, Access Services, Education, and Computing Services.

HEAD OF INFORMATION SERVICES. 1980-1984.

Responsible for management of reference and online search services.

POSITIONS HELD, cont.

National Library of Medicine. Bethesda, Maryland.

SYSTEMS LIBRARIAN, TECHNICAL SERVICES DIVISION. 1978-1980.

Responsible for designing, implementing, documenting and evaluating computer systems in technical processing and training staff and contractor personnel to use these systems. Government Project Officer for 3-year, \$875,000 contract to convert to machine-readable form NLM's retrospective cataloging records.

LIBRARY ASSOCIATE. 1977-1978.

Post-graduate fellowship in biomedical information systems management and medical librarianship.

FACULTY APPOINTMENTS

Associate Professor of Public Health Sciences, 2006 – Present.

Assistant Professor of Medical Informatics, 1998-2006.

EDUCATION

Rapid Impact Leadership Institute, McArdle Ramerman & Co. Executive Leadership Training Firm, Rochester, New York, October 2009 – February 2010.

ACRL/Harvard Leadership Institute, Harvard Graduate School of Education, Cambridge, Massachusetts, August 2005.

NLM Fellowship in Medical Informatics, sponsored by the National Library of Medicine and the Marine Biological Laboratory, Woods Hole, Massachusetts, June 1998.

MASTER OF LIBRARY SCIENCE (MLS), 1977. Indiana University. Bloomington, Indiana.

BACHELOR OF ARTS, MAGNA CUM LAUDE (BA), 1972. Manchester College, North Manchester, Indiana. Mathematics major.

HONORS AND AWARDS

Janet Doe Lectureship Award, Medical Library Association. Awarded in 2016. Lecture to be presented at the Annual Meeting of the Medical Library Association, Seattle, WA, May 2017.

Ida and George Eliot Prize, Medical Library Association, 2014. Awarded for a work published in the preceding calendar year that was judged most effective in furthering medical librarianship. Marshall, JG; Sollenberger, JF; et al. The value of library and information services in patient care: results of a multisite study. *JMLA*. 2013; 101(1): 38-46.

Fellow of the Medical Library Association (FMLA), 2005 - (lifetime status)

Distinguished Member, Academy of Health Information Professionals (AHIP), Medical Library Association, 1990-present.

Professional Recognition Award for Leadership, Hospital Libraries Section, Medical Library Association, 2014.

Estelle Brodman Award for the Academic Medical Librarian of the Year, Medical Library Association, 1993.

National Institutes of Health Award of Merit, 1980, "For dedicated efforts in planning, implementing, and administering the complex conversion of cataloging records to automated formats."

Beta Phi Mu, National Library Science Honor Society; Kappa Mu Epsilon, National Honorary Math Society

PUBLICATIONS

Peer-Reviewed Publications

Sollenberger, J. Look inside ourselves: a culture of kindness. 2017 Janet Doe Lecture. *JMLA (Journal of the Medical Library Association)*. 2018; 106(3): 283 (abstract), with video and supplemental files.

Sollenberger JF, Holloway RG Jr. The evolving role and value of libraries and librarians in health care. *JAMA*. 2013; 310(12): 1231-1232.

Marshall, JG; Sollenberger, JF; et al. The value of library and information services in patient care: results of a multisite study. *JMLA (Journal of the Medical Library Association)*. 2013; 101(1): 38-46.

Sollenberger, J; Dunn, K; Brewer, K; Marshall, JG. Measuring the value and impact of health sciences libraries: planning an update and replication of the Rochester study." *JMLA (Journal of the Medical Library Association)*. 2009; 97(4): 308-312.

Sollenberger, J; Miller, K; Phillips, L. CLIC-on-Health reality check: from assumptions and planning to the realities of implementation. *J. Cons Health Internet*. 2006; 10(1): 1-16.

Sollenberger, J; Shipley, M. The state of scientific publishing: problems and promise. 2004; *Scand J Pub Health*. 2004; 32(2):153-156.

DeGolyer, C.; Sollenberger, J.; Rosen, M. Internet access and training for African-American churches: reducing disparities in health information access. *The Reference Librarian*. 2003; 82:171-182. Reprinted in *Outreach Services in Academic and Special Libraries*. Kelsey, P. and Kelsey, S., Eds. New York, Haworth Information Press, 2003: 171-182.

Sollenberger, J.; Todd Smith, B. Teaching computer searching to health care professionals: why does it take so long? *Medical Reference Services Quarterly*. 1987; 6:45-51. Reprinted in *User Education in Health Sciences Libraries: A Reader*. Wood, M.S., Ed. New York, Haworth Press, 1995: 117-122.

Book Chapters

Fineout-Overholt, E., Berryman, D., Hofstetter, S., Sollenberger, J. Finding relevant evidence to answer clinical questions. In *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*, 2nd Ed. Melnyk, B., Fineout-Overholt, E., Eds. Philadelphia, Lippincott Williams & Wilkins, 2010: 40-70.

Fineout-Overholt, E., Nollan, R., Sollenberger, J., Stephenson, P. Finding relevant evidence. In *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*. Melnyk, B., Fineout-Overholt, E., Eds. Philadelphia, Lippincott Williams & Wilkins, 2004: 39-69.

Sollenberger, J.F., McClure, L.W., Hoolihan, C. Edward G. Miner Library: Print, Pillars, People and Passwords. In *The University of Rochester Medical Center: Teaching, Discovering, Caring, Seventy-Five Years of Achievement, 1925-2000*. Cohen, J., Joynt, R.J., Eds. Rochester, NY, University of Rochester Press, 2000: 157-180.

Nesbit, K., Sollenberger, J. Evaluation at the University of Rochester of BRS Colleague Disc: A MEDLINE CD-ROM product. In *MEDLINE on CD-ROM: National Library of Medicine evaluation forum*. Woodsmall, R., Lyon-Hartmann, B., Siegel, E.R., Eds. Medford, NJ, Learned Information, 1989: 135-152.

Other Publications

Doyle, J., Sollenberger, J., Plaisted, D., Mary L. Ryan, AHIP, FMLA Medical Library Association 2008-2009. *JMLA (Journal of the Medical Library Association)*. 2008; 96(3): 192-3.

Sollenberger, J. Teaching and Marketing Electronic Information Programs: A How-To-Do-it Manual for Librarians. Book review. *JMLA (Journal of the Medical Library Association)*. 2004; 92(4): 504-506.

Sollenberger, J. Kathryn (Katy) W. Nesbit, 1954-2003. Obituary. *JMLA (Journal of the Medical Library Association)*. 2003; 91(4): 502.

Sollenberger, J., Editorial Peer Review: Its Strengths and Weaknesses. Book review. *JMLA (Journal of the Medical Library Association)*. 2002; 90(1):115.

Sollenberger, J., Learning to be leaders: all of us, every day! *MLA News*. 2001; 332:13.

Sollenberger, J., What is Chapter Council? Chapter News Column, *MLA News*. 1991; 235:11.

Nesbit, K., Sollenberger, J. Searching and finding: end-user training in the health sciences. *Bookmark*. 1987; 46(1):51-54.

Sollenberger, J., Adverse Effects of Oral Contraceptives. National Library of Medicine Literature Search, No. 78-9, 1978.

TEACHING, MENTORING

Professional

Mentor for Stephanie Kerns, Leadership Fellow, Association of Academic Health Sciences Libraries/NLM Leadership Fellows Program. Nov. 2015-Nov. 2016.

Mentor for Tania Bardyn, Leadership Fellow, Association of Academic Health Sciences Libraries/NLM Leadership Fellows Program. Nov. 2010-Nov. 2011.

Preceptor for Margaret Basket, National Library of Medicine 2nd-year Fellow. Competitive application process for host institutions. 2005-2006.

CancerLine Search Clinics. Sponsored by the New York and New Jersey Regional Medical Library Program. Rochester, NY; Albany, NY; Stratford, NY; New York, NY. 1982.

Medical Librarianship Course (2 sessions), School of Library and Information Science, State University College at Geneseo, NY. 1982.

University of Rochester School of Medicine and Dentistry, URM

Mastering Medical Information: foundations for a lifetime of learning, a series of hands-on sessions in required course for first-year medical students. 1999-2007; 2010, 2011, 2013, 2015.

Lean and Error-Free Performance; Getting It Right. Lecture for the URM Certificate Course, Patient Safety: Building a Safer Health System. 2007-2008.

Knowledge-Based Information, Consumer Health Information, and Informatics in Medical Education, hands-on session for BST 525 - Introduction to Health Informatics. 2006, 2007, 2008.

Copyright and Fair Use, Print and Digital: Scholarly Communication at the Crossroads. Lecture and case presentation for Ethics in Research, required course for graduate students. 2000, 2003, 2005-2008.

TEACHING, MENTORING

University of Rochester School of Medicine and Dentistry, URM (cont.)

Informatics Labs, Clinical Research Training Program, Department of Community and Preventive Medicine. 2000, 2002, 2003.

Informatics Labs, Public Health Informatics course, Department of Community and Preventive Medicine. 2000.

Copyright, Copies, and Authorship. Guest lecturer for Ethics in Research, required course for graduate students. 1998, 1999.

Computer Searching: Finding Information the Easy Way. Nine-hour course for faculty, residents and staff (1987-1993) and an elective course for medical and graduate students. 1985-1987.

PaperChase module of "Introduction to Medical Informatics," required course for third-year medical students. 1987-1988.

GRANTS AND CONTRACTS

Health Information Awareness Award. 2015. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region, to engage a consultant to develop a practical marketing plan for the Edward G. Miner Library. Principal Investigator. \$3,000.

Informationist Grant. 2012-2013. NLM Administrative Supplement for Informationist Services in NIH-funded Research Projects (Admin Suppl.). <http://grants.nih.gov/grants/guide/pa-files/PA-12-158.html>. \$72,282.

Technology Express Award. 2011-2012. Spearheading the Transition to iPads in the Medical School Curriculum at the University of Rochester Medical Center. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region. Principal Investigator. \$10,000.

Technology Award. 2010-2011. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region, for purchasing lending laptop for the Edward G. Miner Library. Principal Investigator. \$7,500.

Technology Innovation Award. CLIC-on-Health Online Outreach to Refugees. 2008-2009. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region. Principal Investigator. \$15,000.

Digitization of Early 20th Century Images of Dentistry in Rochester. 2005-2006. Awarded by the NY State Regional Bibliographic Databases and Resource Sharing (RBDB) Program. \$2,944.

Seniors training grant. 2005-2006. Awarded by the National Library of Medicine to CLIC-on-Health, Rochester's community health information outreach program and web site. Miner Library assisted with grant preparation and received time-as-reported reimbursement for curriculum development and training performed by Christine DeGolyer, Miner's Outreach Librarian.

Access and Training for Rural and Inner-City Practitioners. 2003-2004. Awarded by the National Library of Medicine to the Western New York Rural Area Health Education Center. Library subcontract: \$33,628.

Digitization of 19th Century Hospital Images. 2003. Awarded by the NY State Regional Bibliographic Databases and Resource Sharing (RBDB) Program. \$4,000.

CLIC and the City Grant. 2003-2005. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region. Member of Steering Committee and Advisory Group. \$50,000.

GRANTS AND CONTRACTS (cont.)

CLIC-on-Health Website. 2002-2004. Awarded by the NY State Library Services and Technology Act, to the Rochester Regional Library Council. Steering Committee and Advisory Group Member. \$50,000.

CLIC-on-Health Implementation Grant. 2002-2004. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region. Co-Principal Investigator. \$50,000.

Internet Access for the Congregation Healthy Heart Action Partnership. 2001-2003. Awarded by the National Library of Medicine, NLM 467-MZ-102245. Principal Investigator. \$49,590.

Consumer Health Information Planning Grant. 2001-2002. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region. Co-Principal Investigator. \$5,000.

Miner Library Electronic Circuit Librarian Program. 1999-2001. Awarded by the National Network of Libraries of Medicine, Middle Atlantic Region. Principal Investigator. \$50,000.

PRESENTATIONS and POSTERS

Sollenberger, J. (2017). Looking Inside Ourselves: A Culture of Kindness. Janet Doe Lecture, presented at the Annual Meeting of the Medical Library Association, Seattle, WA, May 30, 2017.

Porcello, L., Berryman, D., Dixon, A., Hallinan, V., MacKenzie, C., McMurray, H., Sollenberger, J., and Watts, W. (2015). Getting to know you: Ethnographic mapping study of graduate students' workday. Poster presented at the annual meeting of the Medical Library Association, Austin, TX.

Sollenberger, S., Clary, S., Berryman, D., Delia, C., Dixon, A., & Andersen, S. (2015). Thanks! Here's an Eddie Buck. Medical Center Libraries & Technologies – Building a culture of appreciation one Eddie Buck at a time. Poster presented at the ICARE in Action Showcase at the University of Rochester Medical Center, Rochester, NY.

Marshall, J., Sollenberger, J. (2014). The Value Study as a tool for library advocacy. Paper presented at the annual meeting of the Medical Library Association, Chicago, IL. Also presented as a webinar for the National Network of Libraries of Medicine, Middle Atlantic Region; and for the National Network of Libraries of Medicine, Mid-Continental Region (2015).

Sollenberger, J. (2014). Getting more value from the Value Study: using evidence to communicate your worth. Invited presentation at the spring meeting of the Long Island Health Sciences Libraries Group, Mineola, NY.

Marshall, J., Sollenberger, J. (2013). Getting more value from the Value Study. Invited presentation at the annual meeting of the North Atlantic Health Sciences Libraries, Falmouth, MA.

Sollenberger, J., Jozefewicz, R. (2013). Library and information resources: making a difference in patient care. WXXI Connections radio program. WXXI, Rochester, NY.

Sollenberger, J. (2013). Using evidence to communicate value: the value of libraries in patient care study. Invited presentation at the Association of Academic Health Sciences Libraries annual meeting, Philadelphia, PA.

Marshall, J., Sollenberger, J., et al. (2012). The value of library and information services in patient care. Paper and poster presented at the annual meeting of the Medical Library Association, Seattle, WA. Also invited presentation to the Board of Regents, National Library of Medicine, Bethesda, MD.

Marshall, J., Sollenberger, J. et al. (2011). Rethinking our value: design and early results from the National Network of Libraries of Medicine (NN/LM), Middle Atlantic Region (MAR), Value Study. Paper presented at the annual meeting of the Medical Library Association, Minneapolis, MN.

PRESENTATIONS and POSTERS (cont.)

Berryman, D., Shipley, M., Sollenberger J. (2011). For better or for worse: marrying the library to the Clinical and Translational Science Institute to provide molecular biology information support services. Paper presented at the annual meeting of the Medical Library Association, Minneapolis, MN.

Bell, M., Delia, C., Sollenberger, J. (2011). The role of the academic medical center library in support of online learning for both the academic and healthcare enterprises. Paper presented at the annual meeting of the Medical Library Association, Minneapolis, MN.

Sollenberger, J. et al. (2010). Association of Academic Health Sciences Libraries: charting the future. Poster presented at the annual meeting of the Association of American Medical Colleges and the Association of Academic Health Sciences Libraries, Washington, D.C.

Sollenberger, J. (2009). Health reform: association perspectives. Invited panel presentation at the capstone event, Leadership Fellows Program, Association of Academic Health Sciences Libraries, Washington, D.C.

Sollenberger, J. (2009). Investigating our value: Developing a framework for research. Invited presentation at the workshop, Determining Our Worth: The Value of Libraries. Annual Meeting of the Association of Academic Health Sciences Libraries, San Antonio, TX.

Maggio, L., Severson, E., Sollenberger, J. (2007). An emerging alliance: librarians collaborating with colleagues in medical and healthcare education. Poster presented at the annual meeting of the Association of American Medical Colleges and the Association of Academic Health Sciences Libraries, Washington, D.C. Also presented at the 2008 annual meeting of the Medical Library, Chicago, IL.

Dixon, A., Klofas, M.B., Rosen, M., Sollenberger, J. (2007). In librarians we trust: building a partnership with practitioners for the benefit of patients. Paper presented at the annual meeting of the Medical Library Association, Philadelphia, PA.

Dixon, A., Klofas, M.B., Rosen, M., Sollenberger, J. (2006). Pathways to partnerships: a pilot pediatric information prescription program. Poster presented at the annual meeting of the Upstate New York and Ontario Chapter of the Medical Library Association, Niagara Falls, NY. Also presented at the 2007 annual meeting of the Medical Library Association, Philadelphia, PA.

Sollenberger, J. (2005). Panel presentation on the MLA Academy of Health Information Professionals, at the annual meeting of the Upstate New York and Ontario Chapter of the Medical Library Association, Lake Placid, NY.

Klofas, M.B., Shipley, M., Sollenberger, J. (2004). Looking through a new lens: continuous improvement in action. Paper and poster presented at a meeting of the New York Library Association, Rochester, New York. Also presented at the 2005 annual meeting of the American Library Association, Philadelphia, PA.

Miller, K., Phillips, L., Sollenberger, J. (2004). From handouts to hard dollars: sustaining projects with collaboration and partnerships. Paper presented at the annual meeting of the Medical Library Association, Washington, D.C.

Smith, B.T., Sollenberger, J. (2003). What do consumers really want? Planning for a regional consumer health website. Paper presented at the annual meeting of the Medical Library Association, San Diego, CA.

Smith, B.T., Sollenberger, J. (2002). CLIC-on-Health: Community and Library Information Collaboration on Health. Paper presented at the CLIC-on-Health Forum, Rochester, NY; convened by the Monroe County Department of Health. Also presented at the 2002 National Library of Medicine site visit to the National Network of Libraries of Medicine, New York Academy of Medicine.

Nesbit, K., Sollenberger, J. (2001). Building on the foundation of Mastering Medical Information. Poster presented at the annual meeting of the Medical Library Association, Orlando, FL.

PRESENTATIONS and POSTERS (cont.)

Nesbit, K., Sollenberger, J. (2000). Building on the foundation of Mastering Medical Information: reinforcing information retrieval skills at the University of Rochester. Poster presented at the annual meeting of the Association of American Medical Colleges, Chicago, IL.

Nesbit, K., Sollenberger, J. (2000). Mastering Medical Information, foundations for a lifetime of learning. Paper presented at the annual meeting of the Medical Library Association, Vancouver, B.C.

Sollenberger, J. (2000). The common good, the singular challenge: "give and take" in building and maintaining a community consortium. Invited speaker at the annual meeting of the Medical Library Association, Vancouver, B.C.

Nesbit, K., Sollenberger, J. (1999). Mastering Medical Information: foundations for learning in the Double-Helix Curriculum. Poster presented at the annual meeting of the Association of American Medical Colleges, Washington, D.C. Also presented at the spring congress of the American Medical Informatics Association, Chicago, IL.

Sollenberger, J. (1999). Full-text usage and the impact of online access on print. Invited member of panel presentation at the Ovid Technologies Publishers' Round Table, Scholarly Online Publishing: A Reconnaissance, New York, NY.

Smith, B. T., Sollenberger, J. (1997). The price of cooperation in a competitive environment: institutional and personal costs and benefits of creating a shared database system in Rochester. Presented at the annual meeting of the Medical Library Association, Seattle, WA. Also presented to the Rochester Healthcare Information Group Board of Directors, Rochester, NY.

Sollenberger, J. (1997). Electronic journals: future or fad? The library perspective. Invited speaker at the spring meeting of the New York City Chapter of the Special Libraries Association, New York, NY.

Sollenberger, J. (1996). MIRACLEnet: shared access to knowledge-based information: progress and status. Presentation to the Rochester Regional Library Council (RRLC) Board of Trustees, Fairport, NY. Also presented at the RRLC Advisory Board, the Rochester Area Community Health Information System (RACHIS) Advisory Board, and the Rochester Project Advisory Board, Fairport, NY.

Sollenberger, J. (1996). IAIMS and beyond. Online poster presented as part of the Market Forces and Management Track of the Current Topics in Health Sciences Librarianship telecourse, organized by the Welch Medical Library, Johns Hopkins Medical Institutions, Baltimore, MD.

Sollenberger, J. (1993). Investigating the future of the health sciences library. Paper presented at the annual meeting of the Upstate New York and Ontario Chapter of the Medical Library Association, Toronto, Ontario, Canada.

Sollenberger, J. (1991). The Rochester Study: questions and answers. Moderated a panel presentation at the annual meeting of the Upstate New York and Ontario Chapter of the Medical Library Association, Niagara Falls, New York.

Smith, B. T., Sollenberger, J. (1986). Teaching computer searching to health professionals: why does it take so long? Paper presented at the annual meeting of the Upstate New York and Ontario Chapter, Medical Library Association, Buffalo, New York. Also presented with Fred Pond at the 1987 annual meeting of the Health Sciences Communication Association (HESCA), Norfolk, Virginia.

Sollenberger, J. (1985). Teaching computer searching to medical students and health professionals. Paper presented at the BRS/Saunders Colleague session of the annual meeting of the Medical Library Association, New York C, NY. Also presented at a meeting of the Advisory Committee of the Rochester Regional Library Council Hospital Library Services Program, Fairport, NY.

PRESENTATIONS and POSTERS (cont.)

Sollenberger, J. (1981). Cancer Information Sources. Paper presented at a meeting of Rochester Area Libraries in Health Care, Rochester, NY.

McClure, L., Sollenberger, J (1981). Online searching for medical technologists. Paper presented at a meeting of the American Society for Medical Technology, Rochester, New York.

Sollenberger, J. (1981). Non-bibliographic databases in toxicology. Paper presented at a meeting sponsored jointly by the Rochester Regional Research Library Council and Special Libraries Association, Rochester, New York.

PROFESSIONAL ACTIVITIES

National

Editorial Board, *Journal of Electronic Resources in Medical Libraries*, Haworth Information Press. 2004 - 2016.

Association of Academic Health Sciences Libraries (AAHSL)

Future Leadership Committee. Chair, 2012-2013. Incoming Chair, 2011-2012. Past Chair, 2013-2014. President. 2008-2009

President-Elect and Past President. 2007-2008; 2009-2010.

Teaching/Learning Oversight Committee. Chair, 2008.

Group on Educational Affairs Task Force. Chair, 2007-2008.

Scholarly Communications Committee. 2004-2007.

Editorial Board, *Annual Statistics of Medical School Libraries in the United States and Canada*, 24th – 26th editions. 2002-2005.

Outcomes Assessment Task Force. 2004-2006.

Service Quality Assessment Task Force. 2001-2003.

Program Committee. Chair, 2000-2001. Planned the AAHSL workshop on mentoring and the AAHSL/GIR Matheson lecture, both for the AAMC annual meeting, Washington, DC.

Program Committee. 1999-2000. Planned the AAHSL workshop on "Create Change: Crisis in Scholarly Publishing," held at the AAMC annual meeting, Chicago, IL.

Medical Library Association (MLA)

Nominating Committee. 1994, 2000 and 2008.

Fellows Jury. 2007-2008.

Leadership and Management Section. Chair, 2000-2001.

Electronic Publishing Symposium Planning Committee. Chair, 1999-2000. 2000 Annual Meeting of the Medical Library Association, Vancouver, B.C.

National Program Committee. Associate Chair, 1994-1996. 1996 Annual Meeting of the Medical Library Association, Kansas City, Missouri.

Professional Recognition Review Panel. 1993-1994.

Board of Directors. Director, 1989-1992.

Chapter Council. Chair, 1989-1992. Member, 1987-1989.

Continuing Education Committee. 1988-1989.

Regional

National Network of Libraries of Medicine, Middle-Atlantic Region

Value Study Planning Group. Chair, 2007-2013.

Resource and Academic Library Special Advisory Group. 2012-2014.

Regional Advisory Committee. 1998-2011.

PROFESSIONAL ACTIVITIES

Regional (cont.)

Upstate New York and Ontario Chapter, Medical Library Association
Professional Credentialing Task Force. 2005-2006.
Chair, 1985-1986; Vice Chair, 1984-85.
Chair, 1985 Annual Meeting, Rochester, New York, 1985.

Local

Rochester Regional Library Council
Advisory Committee. Chair, 2010-2014. Member, 1998-present.
Advisory Committee for Upstate New York Go Local. 2007-2008.
Task Force on Fundraising for Libraries. 2006-2008.
Planning Committee. 2002-2010.
Committee on Information Technology. 2001-present.
CLIC-on-Health (Community and Library Information Collaboration) Advisory Committee. 2000-2012.
Hospital Library Services Program Advisory Committee. Member, 1993-1998.
MIRACLEnet Management Team (Rochester Community Project for Shared Access to Medical Knowledge Bases). Chair, 1995-1998.

Other

Mayor's Health Literacy Planning Committee, City of Rochester. 2007-2008.
Hospital Library Marketing Plan Group. Ad Council of Rochester. 2006.

University/Medical Center Committees

University of Rochester

Committee on Online Learning. 2012-present.
Blackboard Advisory Committee. 2013-present.
Information Technology Governance Council. 2011-present.
Data Security Task Force. 2012-2013.
Information Technology Strategic Planning Committees on Healthcare, and on Teaching & Learning. 2007-2008
Information Technology Council. 2000-2001.
Scientific Computing Task Force, 2000-2003.
University Library System Governing Board, 1993-2007.

University of Rochester Medical Center (selected)

Medical Center Leadership Team. 2006-present.
LCME Self-Study Committee on Education Resources, 2006-2007; 2014-2015.
Web/IT Steering Committee. 2010-2012.
Strong Memorial Hospital Education Planning Committee. 2006-2012.
Web Operations Committee. 2007-2009.
Committee on Scientific Publishing in the Digital Age. Co-Chair, 2005-2009.
Learning Center Collaborative, Strong Health Service Excellence Initiative. 2005-2009.
Web Advisory Committee. 2004-2008.
Academic Web Planning Committee for URM/Strong Health Web Strategic Planning. Chair, 2000-2001
URM/Strong Health Web Core Group. 2000-2004.
LCME Steering Committee. 1999-2000.
LCME Library/Computing Resources Task Force. Chair, 1999-2000;
Curriculum Design Team, Mastering Medical Information course in the new Double-Helix Curriculum, School of Medicine & Dentistry. 1998-2005.
First and Second Year Instruction Committee; Third and Fourth Year Instruction Committee, School of Medicine. 1998-2001, 2003.